

# Trust Board – Part 1

Agenda Item	19.	Date: 27.07.16																																																
Title of Report	Safe Staffing Report																																																	
Purpose of the report and the key issues for consideration/decision	The Board are asked to receive and note the attached safe staffing exception report.																																																	
Prepared by: Name & Title	Mark Keegan, Acting Deputy Director of Nursing																																																	
Presented by:	Pauline Law, Director of Nursing																																																	
Action Required (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Adopt</td> <td></td> <td>Receive for information</td> <td>x</td> </tr> </table>	Approve		Adopt		Receive for information	x																																											
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Strategic/Corporate Objective(s) supported by this paper	Performance objectives																																																	
Is this on the Trust's risk register?	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td>x</td> <td>If Yes, Score</td> <td></td> </tr> </table>	No		Yes	x	If Yes, Score																																												
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Which Standards apply to this report?	<table border="1"> <tr> <td>CQC</td> <td>Staffing</td> </tr> <tr> <td>NHSLA</td> <td>Competent and capable staff</td> </tr> <tr> <td>BAF Objectives</td> <td>As above</td> </tr> <tr> <td>WWL Wheel</td> <td>Patients first</td> </tr> </table>		CQC	Staffing	NHSLA	Competent and capable staff	BAF Objectives	As above	WWL Wheel	Patients first																																								
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Have all implications related to this report been considered?	<table border="1"> <thead> <tr> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> </tr> </thead> <tbody> <tr> <td>Finance Revenue &amp; Capital</td> <td>Na.</td> <td>Na.</td> <td>Equality &amp; Diversity</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td>National Policy/Legislation</td> <td>Yes</td> <td>No</td> <td>Patient Experience</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>NHS Contract</td> <td>Na.</td> <td>Na.</td> <td>Governance &amp; Risk Management</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Human Resources</td> <td>Yes</td> <td>No</td> <td>Terms of Authorisation</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td>Consultation/Communication</td> <td>Yes</td> <td>No</td> <td>Human Rights</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td>Other:</td> <td>Na.</td> <td>Na.</td> <td>Carbon Reduction</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td colspan="6">If action required please state:</td> </tr> </tbody> </table>			Yes/No/NA	Any Action Required		Yes/No/NA	Any Action Required	Finance Revenue & Capital	Na.	Na.	Equality & Diversity	Na.	Na.	National Policy/Legislation	Yes	No	Patient Experience	Yes	No	NHS Contract	Na.	Na.	Governance & Risk Management	Yes	No	Human Resources	Yes	No	Terms of Authorisation	Na.	Na.	Consultation/Communication	Yes	No	Human Rights	Na.	Na.	Other:	Na.	Na.	Carbon Reduction	Na.	Na.	If action required please state:					
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## Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	HR Committee	NED	Other
Na	Na	Na	Na.	Na	Na	Na	Na	Na

## Safe Staffing Report – June 2016

### 1.0 INTRODUCTION

This report provides a monthly summary of Safe Staffing on all in-patient wards across the Trust. It includes exception reports related to staffing levels, related incidents and red flags which are then triangulated with a range of quality indicators.

### 2.0 SAFER STAFFING EXCEPTION REPORT

The safe staffing exception report (Appendix1), provides the established versus actual fill rates on a ward by ward basis. Fill rates are RAG rated with supporting narrative by exception, and a number of related factors are displayed alongside the fill rates to provide an overall picture of safe staffing.

- Sickness rate and Vacancy rate are the two main factors that affect fill rates.
- A monthly point prevalence sample audit of Care Indicators demonstrates how consistently a range of aspects of patient care is being delivered: Nutrition and Hydration; Medicine Safety; Infection Control and Environment; Care and Welfare of Service Users; Temporary Induction of Staff; Right Patient Right Ward; Pain Management; Hourly Rounding; Clinical Observations; Always Events; Tissue Viability; Falls; and Catheter care. The performance is shown as the number of indicators that have been achieved out of the total of 13 indicators.
- Datix incident submissions related to staffing and Red Flags are monitored on a daily basis to act as an early warning system and inform future planning.
- Nurse Sensitive Indicators demonstrate the outcome for patients by measuring harm.
  - Cases of Clostridium Difficile (CDT);
  - Pressure Ulcers Grade 1&2 / Grade 3&4;
  - \*Falls resulting in physical harm / not resulting in physical harm;
  - \*Medication administration errors resulting in harm / not resulting in harm.(\*All incidents displayed by: those that resulted in moderate and severe harm / resulted in minor or no harm)
- The impact of Nurse staffing on Patients' Experience is demonstrated by two specific questions from the monthly Real Time Patient Experience Survey. The NICE guidance on safe staffing in hospitals suggests using a number of questions in the form of a patient experience survey. For some of the NICE questions the trust has an equivalent question, or proxy question within the monthly Real Time Patient Experience survey or Always Events Survey, with the two questions matching most closely featuring in this report.

Care Hours Per Patient Day (CHPPD) are also featured alongside the fill rates for each ward / department. There are some obvious variances such as higher CHPPD on ICU / HDU / CCU compared to Speciality Medical and Surgical wards due to a higher ratio of staff per patient. The data quality issues referred to in last month's report have been addressed. Further analysis is being undertaken by Heads of Nursing and the report will be amended accordingly.

There are a number of wards that have not been able to maintain fill rates during the month of June, and this is clearly associated with higher rates of sickness / absence, vacancies or a combination of both. The average fill rate across all areas has remained stable for the past 18 months, between 87% - 88% for Registered Nurses and Midwives and 98% - 103% for Care Support Workers.

Safe Staffing for each ward is assessed on a daily basis by the relevant Divisional Matrons and, during the evenings and at weekends the Duty Matron has responsibility for ensuring safe staffing of all ward areas across the Trust. Investigations into the pressure ulcer on Aspull Ward, and falls with harm on Lowton and MAU respectively concluded that staffing levels and skill mix were safe at the time and did not contribute to the incidents. Consequently all areas have been rated 'green' indicating that safe staffing was maintained throughout the month. This information will be shared with Trust Board prior to upload onto NHS Choices.

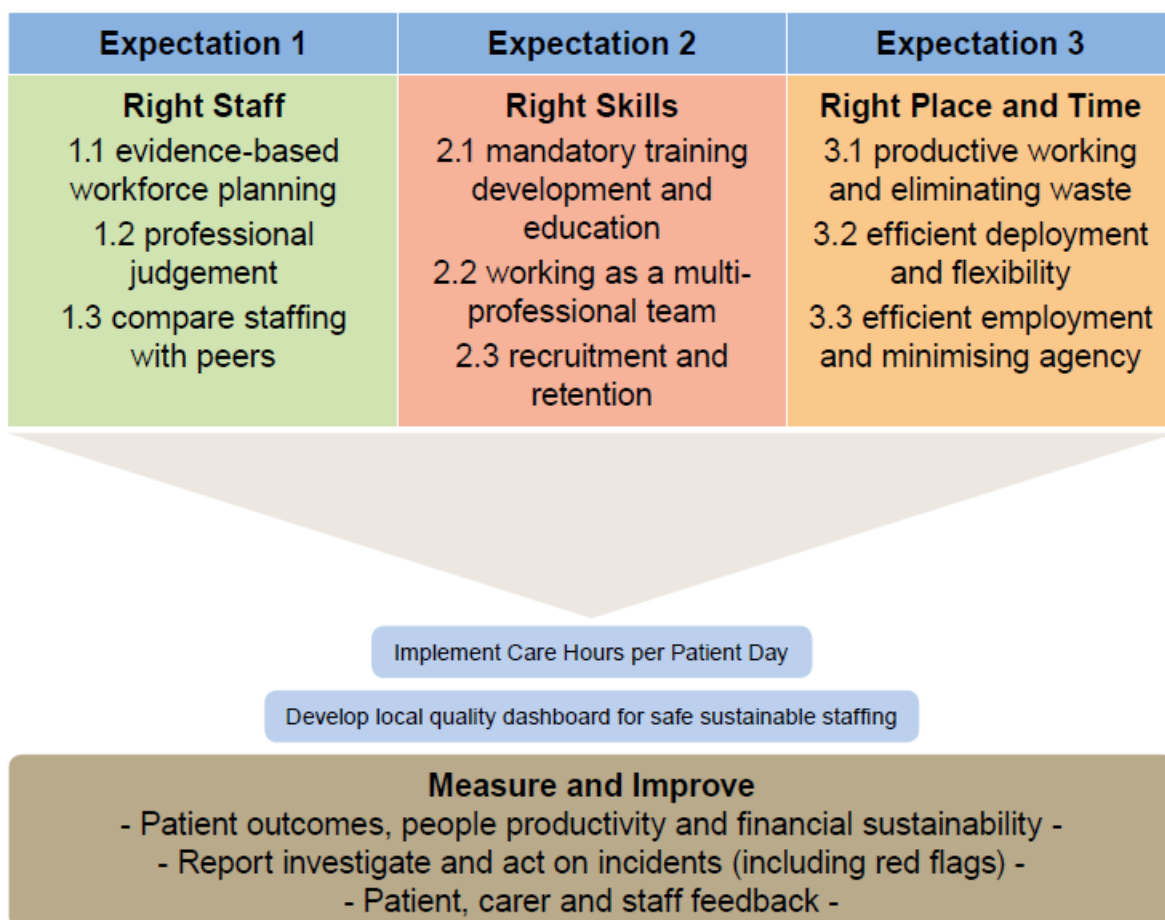
### 3.0 UPDATE OF SAFE STAFFING GUIDANCE

In July 2016 the National Quality Board (NQB) published an updated set of expectations for nursing and midwifery staffing to help NHS provider boards make local decisions that will deliver high quality care for patients within the available staffing resource (Supporting NHS providers to deliver the right staff, with the right skills, in the right place, at the right time – Safe sustainable and productive staffing, NQB, July 2016). This updated guidance incorporates the Carter report’s findings, to set out the key principles and tools that provider boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services.

The Carter report identified CHPPD as the principal measure, and vehicle to eliminating unwarranted variation, of nursing, midwifery and healthcare support worker deployment. Another Carter recommendation was to develop a model hospital so trusts can learn what ‘good’ looks like from other trusts and adopt their best practice. Through the work on the model hospital, NHS Improvement is developing tools including a live model hospital dashboard that collects and presents patient outcome measures and staffing information in a standardised way. The dashboard will be available in September 2016.

The NQB has identified three updated expectations that form a ‘triangulated’ approach (‘Right Staff, Right Skills, Right Place and Time’) to staffing decisions. An approach to deciding staffing levels based on patients’ needs, acuity and risks, and which is monitored from ‘ward to board’, will enable NHS provider boards to make appropriate judgements about delivering safe, sustainable and productive staffing. CQC supports this triangulated approach to staffing decisions, rather than making judgements based solely on numbers or ratios of staff to patients.

### Triangulated approach to staffing decisions



This updated NQB safe staffing improvement resource is the first step in a journey to developing other resources that will support NHS provider trusts with making staffing decisions that will deliver safe,

effective, caring, responsive and well-led care. NHS Improvement is also coordinating work to develop safe staffing improvement resources for a range of care settings including: mental health, learning disability, acute adult inpatients, urgent and emergency care, children's services, maternity services, and community services. The core principles underpinning this work are: to identify and review the best available evidence on safe, sustainable staffing; to be multi-disciplinary in approach to staffing; to be outcomes focused; to complete an economic impact assessment on any proposed safe staffing improvement resource; and to develop these staffing resources with the appropriate experts, focus groups and other key stakeholder groups, including patients, families and carers. NHS Improvement will begin to release these improvement resources later in 2016/17, with approval from the NQB.

The Board will receive further updates as the safe staffing improvement resource are published and implemented.

#### **4.0 RECRUITMENT**

A Trust wide recruitment event took place at the DW Stadium on 27th June, incorporating Medical and Nursing recruitment. A total of 26 Student Nurses were recruited, with a range of anticipated start dates from September 2016 to September 2017 depending on their date of graduation. 9 Registered Nurses / ODPs were recruited and are undergoing pre-employment checks.

#### **5.0 SUMMARY**

During the month of June the wards were considered safe with low levels of harm and positive patient experience across all areas indicating that safe staffing has been maintained. Staffing levels and skill mix is managed and reviewed on a continuous shift by shift basis with staffing levels clearly displayed at the entrance to all wards.

#### **6.0 RECOMMENDATIONS**

The Board is asked to receive the paper for information and discussion.

Mark Keegan  
Assistant Director of Operational Nursing

SAFE STAFFING EXCEPTION REPORT – JUNE 2016

Division of Medicine – Scheduled Care

Ward	Average Fill Rates (%) & CHPPD						Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW			Sickness (%)	Vacancies (%)	Nursing Care Indicators (Numbers achieved)	Datix Incidents - related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you required when you needed it most?
Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD											
Acute Stroke Unit	92.11%	98.33%	3.02	112.79%	132.47%	4.95	0.59%	6.41%	11 / 13	0	0	0 / 3	0 / 0	0 / 1	100%	100%
Astley	85.63%	65.78%	3.23	114.90%	178.36%	3.58	2.48%	2.45%	11 / 13	0	0	0 / 4	0 / 0	0 / 3	100%	86%
Coronary Care Unit	87.90%	100.10%	8.09	126.33%	0.00%	3.39	1.46%	0.00%	13 / 13	0	0	0 / 0	0 / 0	0 / 0	100%	100%
Ince	81.14%	67.78%	2.95	96.09%	154.09%	3.33	4.83%	4.09%	12 / 13	0	0	0 / 4	0 / 0	0 / 5	100%	100%
Pemberton	82.89%	105.15%	5.54	170.30%	115.72%	5.85	3.92%	9.17%	13 / 13	1	0	0 / 1	0 / 0	0 / 1		
Shevington	83.17%	108.11%	2.74	124.11%	120.91%	4.15	7.82%	6.06%	12 / 13	0	2	0 / 5	0 / 0	0 / 1	N/a	N/a
Standish	93.13%	107.73%	2.89	139.03%	242.63%	5.57	5.36%	0.00%	12 / 13	0	0	0 / 7	0 / 0	0 / 2	100%	100%
Taylor Unit	92.38%	100.00%	3.26	102.94%	119.39%	4.62	4.04%	3.07%	12 / 13	0	0	0 / 0	0 / 0	0 / 1	100%	100%
Winstanley	80.96%	126.82%	2.99	116.28%	171.82%	4.21	6.55%	0.00%	12 / 13	0	0	0 / 6	0 / 0	0 / 6	100%	100%

## Division of Medicine – Unscheduled Care

Ward	Average Fill Rates (%) & CHPPD						Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW							Sickness (%)	Vacancies (%)	Nursing Care Indicators (Numbers achieved)	Datix Incidents - related to staffing/Red Flags	CDT	Falls (Harm / No Harm)
Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD											
A&E Emg Care	89.98%	92.10%		95.51%	150.30%		4.01%	0.00%		0	0	0 / 1		0 / 3		
A&E Paeds	100.83%			102.48%			0.00%	2.40%		0	0	0 / 0		0 / 0		
CDW	87.92%	70.44%		97.05%	106.67%		14.84%	1.45%	12 / 13	0	0	0 / 2	0 / 0	0 / 0	100%	100%
Lowton	73.93%	95.63%		108.38%	136.97%		9.00%	1.91%	12 / 13	0	0	2 / 3	0 / 0	0 / 4	100%	89%
MAU	76.73%	87.37%		96.67%	142.12%		6.80%	0.94%	13 / 13	3	0	0 / 4	0 / 0	1 / 2	78%	100%

## Division of Surgery

Ward	Average Fill Rates (%) & CHPPD						Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW												
	Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD	Sickness (%)	Vacancies (%)	Nursing Care Indicators (Numbers achieved)	Datix Incidents - related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you needed it most?
ICU/HDU	73.65%	86.29%	33.31	47.67%	0.00%	2.52	10.97%	0.00%	11 / 13	0	0	0 / 0	0 / 0	0 / 2		
Orrell	75.54%	100.00%	5.43	96.52%	116.21%	4.95	6.23%	8.14%	13 / 13	0	0	0 / 0	0 / 0	0 / 1	92%	92%
Langtree	86.56%	102.88%	3.25	94.61%	92.73%	2.75	3.50%	2.73%	13 / 13	0	0	0 / 2	0 / 0	0 / 1	100%	100%
Swinley	81.67%	102.12%	3.12	96.67%	106.82%	3.07	1.44%	15.17%	13 / 13	0	0	0 / 4	0 / 0	0 / 2	100%	100%
Maternity Unit	94.15%	98.45%	10.77	86.10%	100.11%	3.71	2.21%	2.31%	11 / 13	0	0	0 / 1	0 / 0	0 / 3	100%	100%
Neonatal Unit	93.47%	103.63%	8.63	64.85%	0.00%	1.30	4.05%	0.00%	8 / 13	0	0	0 / 0	0 / 0	0 / 1	N/a	N/a
Rainbow	84.92%	111.17%	11.14	0.00%	64.85%	3.72	9.55%	0.88%	8 / 13	0	0	0 / 0	0 / 0	0 / 0	100%	100%

Rainbow ward: During the month of June safe staffing has been maintained within the framework set out in the Standard Operational Procedures for the safe running of Rainbow ward and Escalation procedure.

## Division of Specialist Services

	Average Fill Rates (%) & CHPPD						Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience % (Number surveyed)	
	RN / RM			CSW												
Ward	Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD	Sickness (%)	Vacancies (%)	Nursing Care Indicators (Numbers achieved)	Datix Incidents - related to staffing/Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)	Drug Admin Errors (Harm / No Harm)	Do you think the hospital staff did everything they could do to control your pain?	Have you been given the care you felt you needed it most?
Aspull	86.38%	73.94%	3.23	90.06%	190.30%	4.06	2.48%	2.45%	13 / 13	1	0	0 / 2	1 / 0	0 / 1	100%	100%
Ward A	85.11%	107.17%	4.26	84.50%	122.73%	4.40	4.08%	0.00%	13 / 13	0	0	0 / 1	0 / 0	0 / 1	100%	100%
WardB	109.31%	107.27%	4.54	99.43%	120.82%	4.39	4.60%	0.00%	13 / 13	0	1	0 / 1	0 / 0	0 / 1	100%	100%
JCW	97.42%	120.30%	5.80	91.72%	124.85%	3.80	0.00%	0.00%	13 / 13	0	0	0 / 1	0 / 0	0 / 0		