

Trust Board – Part 1

Agenda Item	21.	Date: 29.06.16																																																
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 & Capital</td> <td>Na.</td> <td>Na.</td> <td>Equality & 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 & 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 – May 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 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. It is important to note that the audit looks at a sample of 10 sets of patient nursing records on one day in the month, and therefore this provides an indicator of care provision. 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 (full breakdown in Appendix 2) 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.(*This month's report includes 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, with the full detail featured in Appendix 3. 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. There are however some data quality issues that are being addressed, with staff allocated to Assessment and Clinic facilities on Orrell Ward and John Charnley Ward being included in in-patient establishment figures. 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 May, 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. The low levels of harm and positive patient experience across all ward areas indicate that safe staffing has been maintained. This information will be shared with Trust Board prior to upload onto NHS Choices.

3.0 RECRUITMENT

A Trust wide recruitment event is taking place at the DW Stadium on 27th June, incorporating Medical and Nursing recruitment.

5.0 SUMMARY

During the month of May the wards were considered safe with low levels of harm across all Divisions. 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 Nursing

SAFE STAFFING EXCEPTION REPORT – MAY 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 (Number achieved)	Datix Incidents - related to staffing/ Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)
Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD											
Acute Stroke Unit	92.6%	100.0%	2.9	105.1%	126.2%	4.5	0.27%	6.20%	8/13	0	0	0 / 3	0 / 0	0 / 0	100% (4)	100% (4)
Astley	80.0%	68.9%	2.7	106.5%	160.8%	3.3	9.34%	5.37%	9/13	31	1	0 / 10	0 / 0	0 / 2	100% (10)	100% (10)
Short term sickness, extra HCA used to back fill and to increase night staffing levels due to nature of patients																
Coronary Care Unit	90.7%	97.7%	7.9	70.2%		2.3	1.56%	0.00%	13/13	3	0	0 / 1	0 / 0	0 / 0	100% (1)	100% (1)
Staffing levels do not account for the escalated beds																
Winstanley	90.5%	112.0%	3.0	92.9%	135.8%	3.3	3.07%	0.55%	12/13	0	0	0 / 6	0 / 0	0 / 4	100% (12)	100% (12)
1 long term sickness, 3.24 maternity leave. Extra HCAs used to assist with short fall at night																
Ince	79.8%	74.1%	2.9	86.9%	154.6%	3.0	5.55%	7.15%	12/13	0	0	0 / 11	0 / 0	0 / 4	100% (7)	100% (7)
1 vacancy waiting start date extra HCAs used to assist with short fall at night 1 RN on secondment																
Pemberton	72.2%	97.2%	4.7	151.1%	98.4%	4.8	4.32%	7.06%	12/13	0	0	0 / 0	0 / 0	0 / 0		
1.57 outstanding vacancies, 1 short term sickness and 1 awaiting start date HCAs used to assist with short fall during the day																
Shevington	93.0%	100.0%	2.8	97.6%	110.7%	3.4	7.40%	2.40%	10/13	0	0	0 / 3	0 / 0	0 / 1	100% (2)	100% (2)
Standish	83.3%	112.5%	2.7	133.6%	153.0%	4.4	5.26%	3.38%	13/13	9	0	0 / 6	1 / 0	0 / 4	66.7% (3)	100% (3)
Taylor Unit	106.0%	100.0%	3.4	89.8%	110.1%	4.0	4.31%	7.63%	13/13	0	0	0 / 4	0 / 0	0 / 0	100% (3)	100% (3)

Division of Surgery

Ward	Average Fill Rates (%)						Staff Availability	Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience		
	RN / RM			CSW						Sickness (%)	Vacancies (%)	Nursing Care Indicators (Number achieved)	Datix Incidents - related to staffing/ Red Flags	CDT	Falls (Harm / No Harm)	PU (Grade 1&2 / Grade 3 & 4)
Day shift (%)	Night shift (%)	CHPPD	Day shift (%)	Night shift (%)	CHPPD											
ICU / HDU	76.3%	93.2%	27.1	60.5%		2.5	7.78%	0.00%	10/13	0	1	0 0	1 0	0 2		
Reduced RN & HCA fill rates this month due to increased sickness.																
Orrell	74.7%	100.0%	5.0	86.5%	110.0%	4.5	7.93%	5.96%	12/13	12	0	0 4	0 0	0 4	100% (9)	100% (9)
Staffing supplemented by ward coordinator additionally managing a cohort of patients, assisted from the clinic staff on the ward																
Langtree	88.1%	100.0%	2.9	88.4%	90.3%	2.3	2.73%	3.06%	12/13	7	0	0 7	0 0	0 1	100% (7)	85.7% (7)
Swinley	69.9%	74.7%	3.0	112.3%	100.0%	3.1	2.49%	12.56%	12/13	0	0	0 0	0 0	0 2	100% (7)	85.7% (7)
The ward has RN vacancies, 1.0 wte recently recruited and awaiting start date. Staffing supplemented by ward coordinator additionally managing a cohort of patients, assisted from the clinic staff on the ward and Langtree staff																
Maternity Unit	96.1%	98.6%	13.4	89.0%	93.7%	4.6	1.11%	0.64%	11/13	8	0	0 1	0 0	0 1	84.6% (13)	100% (13)
Neonatal Unit	84.9%	100.8%	9.3	51.2%		1.1	0.78%	0.00%	7/13	0			0 0	0 1		
Patient safety not compromised due to dependency and patient numbers – risk assessed by Matron and Lead nurse.																
Rainbow	68.5%	99.2%	8.6	81.6%	54.3%	3.2	11.39%	3.13%	8/13	1	0	0 2	0 0	0 2	100% (4)	100% (4)
During the month of May 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. NHSP, Supernumerary and Agency staff have been used to maintain safe staffing. 6 children were treated and transferred out from PECC during May due to lack of capacity on the ward.																

Division of Specialist Services

Ward	Average Fill Rates (%)						Staff Availability	Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience					
	RN / RM			CSW						Sick-ness (%)	Vacan-cies (%)	Nursing Care Indicators (Number 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													
Aspull	94.0%	68.0%	2.9	88.5%	185.3%	3.5	1.58%	2.45%	13/13	30	0	0 / 5	0 / 0	0 / 0	88.9% (9)	88.9% (9)			
There should be 3 RNs and 2 HCAs on duty. HCAs or APs were re-deployed to fill those gaps.																			
Ward A	83.9%	102.3%	4.4	80.4%	127.1%	4.6	8.92%	0.00%	13/13	1	0	1 / 1	0 / 0	0 / 2	100% (14)	85.7% (14)			
The patient who required further treatment as a result of a fall made a full recovery.																			
Ward B	109.3%	95.9%	4.6	96.9%	100.3%	4.2	4.38%	0.00%	12/13	0	0	0 / 3	0 / 0	0 / 0	100% (9)	88.9% (9)			
JCW	109.0%	101.5%	6.3	76.6%	106.7%	3.5	-	-	13/13	0	0	0 / 0	0 / 0	0 / 0	-	-			
Shortfall of CSW day shifts, however due to reduced bed occupancy safe staffing was maintained.																			

Division of Medicine – Unscheduled Care

Ward	Average Fill Rates (%)						Staff Availability	Care Delivery	Staff Experience	Nurse Sensitive Indicators				Patient Experience					
	RN / RM			CSW						Sickness (%)	Vacancies (%)	Nursing Care Indicators (Number 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													
A&E Emg Care	86.7%	90.1%		101.4%	133.0%		2.77%	0.73%		-	0	0 3		0 3					
A&E Paeds	100.8%	94.1%					0.00%	2.40%		-	0	0 0		0 1					
CDW	79.2%	90.7%		89.4%	113.2%		16.50%	12.20%	12/13	-	0	0 3	0 0	0 2	85.7% (7)	100% (7)			
Lowton	78.0%	102.9%		95.4%	132.8%		9.21%	0.00%	13/13	-	0	0 6	0 0	0 3	87.5 (8)	100% (8)			
MAU	81.0%	98.9%		95.8%	132.3%		2.38%	3.28%	13/13	-	0	1 5	0 0	0 1	100% (10)	100% (10)			
The patient who required further treatment as a result of a fall made a full recovery.																			

Red Flag Escalation: Number of red flags for each ward for May 2016 - Red Flags are derived from Datix incident reports related to staffing levels combined with intelligence from daily monitoring of staffing by Divisional Matrons.

Ward	Unplanned omission in providing medication	Delay of 30 minutes in providing pain relief	Patient vital signs not assessed or recorded as outlined in the care plan	Intentional rounding	Less than 2 Registered Nurses present on a ward during any shift	A shortfall of more than 8 hours or 25% of Registered Nurse time available compared with the actual requirement for the shift	Missed breaks
Taylor	0	0	0	0	0	0	0
Astley	0	0	0	0	0	31	0
ASU	0	0	0	0	0	0	0
CCU	0	0	0	0	0	1	2
Ince	0	0	0	0	0	0	0
Pemberton	0	0	0	0	0	0	0
Shevington	0	0	0	0	0	0	0
Standish	0	0	0	0	0	9	0
Winstanley	0	0	0	0	0	0	0
Intensive Care Unit	0	0	0	0	0	0	0
Langtree	0	0	0	0	0	7	0
Orrell	0	0	0	0	0	12	0
Swinley	0	0	0	0	0	0	0
Maternity Unit	0	0	3	3	0	2	0
Rainbow	0	0	0	0	0	1	0
Neonatal	0	0	0	0	0	0	0
Aspull	1	0	0	0	0	29	0
JCW	0	0	0	0	0	0	0
Ward A	1	0	0	0	0	0	0
Ward B	0	0	0	0	0	0	0

Care Hours Per Patient Day – May 2016

Ward name	Registered midwives/nurses	Care Staff	Overall	Cumulative count over the month of patients at 23:59 each day
Astley	2.7	3.3	6.0	817
Ince	2.9	3.0	5.9	811
Winstanley	3.0	3.3	6.3	805
Shevington	2.8	3.4	6.2	860
Standish	2.7	4.4	7.1	850
Pemberton	4.7	4.8	9.5	357
Taylor	3.4	4.0	7.4	558
Swinley	3.0	3.1	6.1	731
Langtree	2.9	2.3	5.2	800
Orrell	5.0	4.5	9.5	480
Coronary Care Unit	7.9	2.3	10.2	288
Intensive Care Unit/ High Dependency Unit	27.1	2.5	29.6	228
Maternity unit	13.4	4.6	18.0	562
Neonatal Unit	9.3	1.1	10.4	323
Rainbow	8.6	3.2	11.7	363
Aspull	2.9	3.5	6.4	831
John Charnley	6.3	3.5	9.7	312
Ward A	4.4	4.6	8.9	598
Ward B	4.6	4.2	8.8	546