

# Trust Board – Part 1

Agenda Item	23.	Date: 25.05.16																																																
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 – April 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 14 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: Falls resulting in harm, Pressure Ulcers and Medication administration errors resulting in 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. The sample this month is low for some ward areas, while others did not have a survey due to surveyor absence.

There are a number of wards that have not been able to maintain fill rates during the month of April, and this is clearly associated with higher rates of sickness / absence, vacancies or a combination of both. 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

The procurement exercise to appoint a new recruitment agency commenced during April and a shortlist of agencies have been invited to meet members of the Trust for selection interviews.

### 4.0 CARE HOURS PER PATIENT DAY

#### Background

The Lord Carter Review highlights the importance of ensuring that workforce and financial plans are consistent in order to optimise delivery of clinical quality and use of resources. The review recommended that Care hours per patient day (CHPPD) is collected monthly (beginning in April 2016) and for this to be collected daily from April 2017. Senior nursing leaders in the NHS support the development of CHPPD as

the principal measure of nursing and healthcare support worker deployment. In April 2016 the Department of Health (DH) ran a voluntary data collection with 27 trusts to help us formulate this guidance and to begin the process of data capture for CHPPD.

The CHPPD approach to recording and reporting builds upon the Nursing Hour per Patient Day (NHPPD) practice seen in Western Australia, New Zealand, and the US, where local senior leaders have greater control and flexibility in deploying staff, with greater effectiveness. This has also demonstrated improvements in quality and patient outcomes. NHPPD is reviewed daily to check variation at ward level to ensure the right staff are deployed at the right place at the right time. The CHPPD measure was developed so it could include other staff in future including Allied Health Professionals (AHPs), which will be measured from April 2017.

## **Introduction to CHPPD**

One of the obstacles to eliminating unwarranted variation in nursing and care staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously have informed the evidence base for staffing models, such as reporting staff complements using WTEs, skill-mix or patient to staff ratios at a point in time. It is recognised by Nurse Leaders that these may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward or comparable between organisations.

CHPPD provides a single consistent way of recording and reporting deployment of staff working on inpatient wards/units, and 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 counts of patients at midnight). CHPPD reports split out registered nurses and healthcare support workers to ensure skill mix and care needs are met.

## **CHPPD and the Model Hospital**

Another recommendation from the Carter Review was to develop a model hospital so trusts can see what good looks like from other trusts and learn and adopt their best practice. The Model Hospital prototype portal is currently being developed and will provide a user-friendly and intelligible online portal with a series of themed compartments which break down key performance metrics for that area, e.g. Clinical Staff. These metrics show how an individual trust is performing in comparison to their peers, and where relevant, how they compare to international performance.

By giving hospitals information on what good looks like, and using this portal for trusts to share best practice, each hospital can take action to improve and reduce the unwarranted variation. Through the Model Hospital work stream tools are being developed, including a live dashboard which includes staffing information collected and presented in a standardised way. This means trusts will be able to compare staffing metrics including CHPPD, sickness rates, agency costs and local quality data including pressure ulcers, falls and patient experience information to other trusts and identify areas where they need to improve. The Model Hospital using the CHPPD methodology allows a localised, efficiency-oriented approach to productivity. It situates the measurement of staffing contact with patients and clinical outputs in the broader context of cost efficiency and the quality of care, and it does so using measures that are meaningful to decision-makers at ward and board levels.

## **Implementation**

From May 2016, CHPPD will become the principle measure of nursing and care support deployment, with the expectation that it will form part of an integrated ward/unit level quality framework and dashboard encompassing patient outcomes, people productivity and financial sustainability. Trusts are expected to submit April's data on 1<sup>st</sup> May 2016.

## **5.0 SUMMARY**

During the month of April 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 – APRIL 2016

Key:

<b>Fill Rates:</b>	<80%	80% - 94.9%	95% - 119.9%	120% >
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Division of Medicine – Scheduled Care

Ward	Average Fill Rates (%)				Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators (Incidents resulting in Harm)			Patient Experience	
	Day Shift		Night Shift		Sickness (%)	Vacancies (%)	Nursing Care Indicators (Number achieved)	Datix Incidents - related to staffing/ Red Flags	Falls	PU (Grade 3 & 4)	Medication administration errors	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?
RN / RM (%)	CSW (%)	RN / RM (%)	CSW (%)										
Acute Stroke Unit	93.5%	105.8%	98.3%	120.9%	3.88%	4.21%	9/14	2	0	0	0	100% (7)	100% (7)
Astley	80.9%	127.2%	67.2%	176.8%	8.27%	2.81%	8/14	42	0	0	0	87.5% (8)	100% (8)
	RNs redeployed from other areas were used to ensure that the correct number of staff were on duty on nights, although this information is not captured on e-roster or NHSP systems.												
Coronary Care Unit	90.6%	95.7%	97.0%		5.66%	0.00%	12/14	0	0	0	0	-	-
Winstanley	77.37%	100.7%	115.1%	155.7%	3.52%	3.35%	13/14	0	0	0	0	100% (12)	100% (12)
	4 RN & 2 CSW on maternity leave. A risk assessment has been completed due to the relatively high number of staff on maternity leave. Gaps in rota on days filled by redeploying RNs from other areas to ensure safe staffing numbers.												
Ince	80.7%	91.6%	67.8%	150.5%	3.83%	6.60%	14/14	1	0	0	0	91.7% (12)	100% (12)
	RNs redeployed from other areas were used to ensure that the correct number of staff were on night duty although this information is not captured on e-roster or NHSP systems..												
Pemberton	68.8%	148.2%	91.7%	118.9%	4.99%	14.74%	12/14	0	0	0	0	-	-
	2 RGN on preceptorship, 1 RN waiting PIN number in preceptorship. RNs redeployed from other areas were used to ensure that the correct number of staff were on duty on days, although this information is not captured on e-roster or NHSP systems.												
Shevington	82.6%	110.8%	101.8%	122.5%	9.49%	0.00%	11/14	0	0	0	1	-	-
Standish	80.3%	124.8%	109.4%	143.4%	7.27%	3.49%	14/14	0	0	0	0	100% (4)	100% (4)
Taylor Rehabilitation Unit	100.9%	83.1%	100.0%	100.3%	9.76%	6.18%	14/14	0	0	0	0	100% (3)	67% (3)

Division of Surgery

Ward	Average Fill Rates (%)				Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators (Incidents resulting in Harm)			Patient Experience	
	Day Shift		Night Shift						Falls	PU (Grade 3 & 4)	Medication administration errors	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?
	RN / RM (%)	CSW (%)	RN/ RM (%)	Care staff (%)	Sickness (%)	Vacancies (%)	Nursing Care Indicators (Number achieved)	Datix Incidents - related to staffing/ Red Flags					
ICU / HDU**	81.0%	86.3%	95.6%		3.63%	0.00%	11/14	0	0	0	0	-	-
Orrell	77.5%	83.5%	100.0%	105.3%	9.17%	5.96%	12/14	9	0	0	0	100% (13)	100% (13)
Staffing flexed between assessment / clinic area and in-patient beds according to activity, and Assistant Practitioners deployed to cover RN shifts to maintain safe staffing levels.													
Langtree	89.5%	88.7%	103.4%	99.6%	5.32%	5.47%	13/14	4	0	0	1	100% (7)	100% (7)
Swinley	78.9%	99.4%	74.6%	100.0%	5.45%	7.95%	14/14	0	0	0	0	87.5% (8)	100% (8)
Staffing flexed between gynaecology treatment room and in-patient beds according to activity to maintain safe staffing levels.													
Maternity Unit	95.3%	88.4%	98.2%	95.6%	5.13%	0.64%	12/14	11	0	0	0	100% (10)	100% (10)
Neonatal Unit	91.8%	70.0%	101.6%		1.34%	0.00%	6/14	0	0	0	0	100% (2)	100% (2)
Patient safety not compromised due to dependency and patient numbers – risk assessed by Matron and Lead nurse.													
Rainbow	71.1%	86.2%	93.5%	71.7%	12.03%	4.09%	4/14	4	0	0	0	-	-
During the month of April 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. 5 children were treated and transferred out from PECC during April 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 (Incidents resulting in Harm)			Patient Experience		
	Day Shift		Night Shift					Sickness (%)	Vacancies (%)	Nursing Care Indicators (Number achieved)	Datix Incidents - related to staffing/ Red Flags	Falls	PU (Grade 3 & 4)
Aspull	96.8%	87.2%	66.7%	163.1%	6.68%	2.45%	13/14						
	The e-roster has been amended with 3 RNs on night shifts following a review of staffing requirements. The Division is working to achieve this, and until then HCAs or APs were re-deployed to fill the gaps.												
Ward A	83.7%	108.3%	99.4%	108.0%	8.02%	0.00%	14/14	2	0	0	0	90% (10)	100% (10)
Ward B	104.0%	105.5%	94.6%	123.2%	2.49%	0.00%	14/14	1	0	0	0	100% (7)	100% (7)
JCW	110.3%	94.2%	100.5%	113.3%	-	-	14/14	0	0	0	0	-	-

Division of Medicine - Unscheduled Care

Ward	Average Fill Rates (%)				Staff Availability		Care Delivery	Staff Experience	Nurse Sensitive Indicators (Incidents resulting in Harm)			Patient Experience	
	Day Shift		Night Shift										
	RN / RM (%)	CSW (%)	RN / RM (%)	Care staff (%)	Sickness (%)	Vacancies (%)	Nursing Care Indicators (Number achieved)	Datix Incidents - related to staffing/ Red Flags	Falls	PU (Grade 3 & 4)	Medication administration errors	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?
A&E Emg Care	91.4%	98.8%	92.8%	122.6%	2.20%	0.00%		-	0		0		
A&E Paeds	105.0%		95.8%		0.00%	2.40%		-	0		0		
CDW	88.7%	84.0%	93.2%	97.9%	8.41%	12.20%	11/14	-	0	0	0	50% (4)	100% (4)
Staff were redeployed from other areas to maintain safe staffing levels													
Lowton	90.4%	98.5%	97.9%	154.5%	7.52%	0.00%	12/14	-	0	0	0	100% (7)	100% (7)
MAU	84.6%	88.2%	95.6%	114.3%	5.80%	0.94%	14/14	-	0	0	0	100% (3)	100% (7)
Daily assessment of staffing levels and skill-mix combined with staff redeployed from other areas to maintain safe staffing levels.													



**Red Flag Escalation:**

Number of red flags for each ward for April 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	11
ASU	2	0	0	0	0	0	0
CCU	0	0	0	0	0	0	0
Ince	0	0	0	0	0	0	1
Pemberton	0	0	0	0	0	0	0
Shevington	0	0	0	0	0	0	0
Standish	0	0	0	0	0	0	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	4	0
Orrell	0	0	0	0	0	9	0
Swinley	0	0	0	0	0	0	0
Maternity Unit	0	0	5	5	0	0	1
Rainbow	0	0	0	0	0	4	0
Neonatal	0	0	0	n/a	0	0	0
Aspull	2	0	0	0	1	30	1
JCW	0	0	0	0	0	0	0
Ward A	1	0	0	0	0	1	0
Ward B	1	0	0	0	0	0	0