

Trust Board – Part 1

Agenda Item	20.	Date: 30.11.16																																																
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, Head of Nursing for Specialist Services																																																	
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 – October 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. This audit has been temporarily suspended and will be reinstated for next month's report.
- 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. The use of CHPPD as a benchmark within and against other organisations is still under development by NHS Improvement and subsequent reports will be amended accordingly.

There are a number of wards that have not been able to maintain fill rates during the month of October, 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 2 years, with an average of 88% for Registered Nurses and Midwives and 102% 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.

Investigation into the falls resulting in harm on Ince and Shevington Wards concluded that staffing levels and skill mix were safe at the time and did not contribute directly 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.

Throughout the summer a full establishment review has been undertaken which has resulted in recommendations to adjust staffing and skill mix across all areas of the Trust. Realignment of posts is scheduled to take place through November and December and a plan for recruitment agreed across specialist areas.

Consideration has also been given to the effectiveness of the E Roster system. The Trust has supported the purchase of an upgrade of the existing E Roster system with the addition of a module to link into NHS Professionals. This will support and enable greater transparency in the booking of temporary staffing and enable the more accurate recording of fill rates associated with the safe staffing reports uploaded to Unify. In addition an action plan has been developed which will support improvements in efficiencies in the E Roster process delivering reductions in hours owed by staff and the equitable management of leave.

A detailed paper regarding the establishment review and the E Roster efficiencies was presented to the Workforce Committee by the Director of Nursing. This project is being overseen by the Carter Report Review Programme Board.

5.0 SUMMARY

During the month of October 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.

Allison Edis
Deputy Director of Nursing

SAFE STAFFING EXCEPTION REPORT – OCTOBER 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	83.85%	100.00%	2.71	100.28%	127.47%	4.32	0.46%	9.74%	/	0	0	0 / 1	0 / 0	0 / 1	100%	100%
Astley	86.51%	79.30%	2.97	106.02%	147.90%	3.17	3.72%	4.73%	/	0	1	0 / 6	0 / 0	0 / 0	90%	100%
Coronary Care Unit	85.30%	97.85%	7.91	80.75%		2.53	9.84%	0.00%	/	0	0	0 / 0	0 / 0	0 / 1	100%	50%
Ince	70.69%	66.57%	2.53	97.71%	152.05%	3.17	3.28%	1.49%	/	1	0	1 / 10	0 / 0	0 / 3	100%	83%
Pemberton	86.22%	96.77%	5.29	148.31%	129.47%	5.45	0.00%	3.73%	/	0	0	0 / 0	0 / 0	0 / 0		
Shevington	84.84%	100.00%	2.61	93.64%	135.58%	3.54	2.55%	3.29%	/	0	0	1 / 10	0 / 0	0 / 0	50%	100%
Standish	100.52%	103.08%	2.99	122.64%	156.70%	4.18	2.19%	0.00%	/	0	0	0 / 4	0 / 0	0 / 1	100%	100%
Taylor Unit	93.53%	100.00%	3.99	78.63%	106.01%	4.52	5.24%	4.92%	/	0	0	0 / 0	0 / 0	0 / 0	100%	100%
Winstanley	74.70%	106.74%	2.57	100.03%	154.11%	3.53	4.44%	0.00%	/	0	0	0 / 5	0 / 0	0 / 1	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												
	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 required when you needed it most?
A&E Emg Care	83.97%	90.75%		108.24%	130.18%		1.43%	1.98%		0	0	0 / 5		0 / 1		
A&E Paeds	110.48%	107.53%					0.00%	0.00%		0	0	0 / 0		0 / 0		
CDW	87.82%	101.83%		122.47%	103.23%		0.00%	15.86%	/	0	0	0 / 4	0 / 0	0 / 0	100%	100%
Lowton	91.02%	106.26%		106.67%	133.72%		5.86%	0.00%	/	1	0	0 / 10	0 / 0	0 / 1	92%	92%
MAU	100.57%	95.70%		94.37%	132.04%		0.90%	4.88%	/	4	0	0 / 10	0 / 0	0 / 0	100%	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 required when you needed it most?
ICU/HDU	75.10%	89.96%	26.81	51.45%	-	2.13	4.45%	1.50%	/	0	0	0 / 1	0 / 0	0 / 2		
Orrell	74.91%	100.00%	4.78	91.40%	102.20%	4.07	3.16%	10.46%	/	0	0	0 / 1	0 / 0	0 / 1	73%	91%
Langtree	67.14%	97.14%	2.43	104.27%	100.00%	2.72	1.61%	11.04%	/	2	0	0 / 4	0 / 0	0 / 0	60%	100%
Swinley	81.20%	85.63%	2.60	85.38%	111.58%	2.58	1.87%	14.12%	/	0	0	0 / 2	0 / 0	0 / 1	67%	100%
Maternity Unit	95.92%	97.13%	12.44	93.30%	97.96%	4.00	4.64%	1.91%	/	0	0	0 / 0	0 / 0	0 / 0	100%	100%
Neonatal Unit	90.29%	99.05%	12.40	38.24%	-	1.07	3.00%	0.00%	/	0	0	0 / 0	0 / 0	0 / 0	100%	100%
Rainbow	103.13%	99.20%	9.83	54.24%	46.77%	2.21	11.33%	0.00%	/	0	0	0 / 1	0 / 0	0 / 1	100%	100%

Rainbow ward: During the month of October 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 required when you needed it most?
Aspull	81.16%	71.65%	2.81	100.94%	172.58%	3.82	1.33%	5.15%	/	1	0	0/3	0/0	0/1	100%	100%
Ward A	82.06%	95.89%	3.80	85.82%	115.08%	4.07	2.15%	0.00%	/	2	0	0/0	0/0	0/1	100%	100%
WardB	91.63%	88.17%	3.99	91.42%	111.50%	3.88	7.06%	0.00%	/	1	1	0/3	0/0	0/0	83%	92%