

Safe Staffing Report – March 2017

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.
- The monthly point prevalence sample audit of Care Indicators was suspended in September 2016. The Trust is currently developing a ward accreditation system which will support the collection of quality indicators alongside real time patient safety flags. It is envisaged that this work will be completed within the forthcoming financial year and be fully operational by the end of March 2018.
- 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.

The Trust is currently identifying other Trusts within the Model Hospital to allow benchmarking of nursing data which will include CHPPD, nurse sensitive indicators, and attendance and vacancy rates. When this comparative data is available it will be shared with the Trust Board. The Model Hospital data is scheduled to be refreshed in April 2017. The new scheduled release will support comparison of nursing metrics included in the data set within specialities within the benchmarked peers selected.

There are a number of wards that have not been able to maintain full rates during the month of March, 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 static for the last 2 years, with an average of 88.5% for Registered Nurses and Midwives and 99.8% 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 report shows increased utilisation of the unregistered staff on both days and nights particularly within Scheduled Care. This appears to be directly related to the launch of the Enhanced Care SOP advocating interventions to prevent harm to patients whilst in our care. It is evident within the month that the increase in staffing has impacted on the level of harm experienced by patient.

There have been 53 incidents reported under the nursing red flags criteria; 52 of these relate to a shortfall of more than 8 hours or 25% of registered nurses. The majority of these have been reported by Aspull ward (n35) and reflect the decision taken to reduce registered nurses on nights from 3 to 2. On review of occurrence of the reporting of nursing red flags, these are more likely to occur on Mondays and Fridays. This is likely to be related to staff movement to cover shifts at the weekends and in response to short term sickness. There was one reported incident under the category of less than 2 registered nurses on the ward during any shift. This occurred due to sickness of a staff member during the course of their shift; mitigation was initiated to provide support to the clinical area. There were no reported harms for the clinical area during the course of the shift.

Investigation into the fall resulting in harm on Winstanley Ward concluded that staffing levels and skill mix were safe at the time and did not contribute directly to the incidents; similarly there were no red flag incidents reported for the time period that the fall occurred. 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. There were no medication incidents resulting in harm reported in March 2017.

The consultation for the standardisation of hours and nursing establishment review ended on 8 March 2017. Option 3 proved to be the most popular option taking into consideration concerns raised during the consultation with respect to a 0700 start time for those with caring responsibilities and public transport concerns. The new shift pattern will see day shifts commence at 0730 and end at 2000hrs; night shifts will commence 1930 and end at 0800.

Taylor Unit bed base reduced to 13 within the month. This is in response to the loss of nursing and Allied Health Professional staffing following consultation with the staff with respect to the closure of the unit. Both the CCG and the CQC are planning to undertake inspections of the clinical area in April and May respectively.

Rainbow Ward achieved 100% compliance with the presence of an APLS qualified nurse on every shift throughout March 2017. There continues to be a programme of education to support the clinical area to place 2 APLS trained nurses on duty on each shift.

An unannounced inspection by the CQC on 17 March 2017 within the emergency care areas and on Rainbow ward identified no concerns with respect to staffing levels within the verbal report and letter received to date. The focus of this inspection was on the safety domain of the CQC inspection framework. The letter received stated;

“ We saw improved staffing levels, greater numbers of staff trained to deliver Advanced Paediatric Life Support (APLS), an escalation process for staffing issues and greater numbers of staff trained to care for children with tracheostomies”.

There were no reported red flags or harms for Rainbow ward in March 2017.

5.0 SUMMARY

During the month of March 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

Appendix 1
SAFE STAFFING EXCEPTION REPORT – March 2017

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?
Acute Stroke Unit	101.60%	95.60%	3.10	107.70%	131.90%	4.60	6.60%	1.80%	/	0	0	0 / 3	0 / 0	0 / 2	100%	86%
Astley	84.10%	67.40%	2.70	109.60%	189.40%	3.50	7.62%	5.81%	/	0	0	0 / 3	0 / 0	0 / 0	100%	100%
Coronary Care Unit	89.40%	98.90%	8.00	105.70%		2.90	4.10%	0.00%	/	0	0	0 / 1	0 / 0	0 / 0	100%	100%
Ince	75.80%	66.90%	2.70	84.00%	147.20%	2.90	3.48%	4.10%	/	0	0	0 / 12	0 / 0	0 / 1	88%	88%
Pemberton	68.80%	96.90%	4.70	149.50%	142.30%	5.80	8.60%	7.65%	/	4	0	0 / 2	0 / 0	0 / 1		
Shevington	98.10%	100.00%	2.90	104.90%	139.90%	3.90	1.10%	3.73%	/	0	0	0 / 4	0 / 0	0 / 2	100%	100%
Standish	86.90%	107.00%	2.70	114.10%	133.00%	3.80	5.76%	3.56%	/	0	0	0 / 1	0 / 0	0 / 1	100%	100%
Taylor Unit	81.50%	100.60%	4.30	77.20%	100.00%	5.10	6.73%	9.18%	/	0	0	0 / 1	0 / 0	0 / 0	100%	100%
Winstanley	85.20%	140.80%	3.10	101.10%	184.30%	3.80	9.98%	4.07%	/	0	0	1 / 4	0 / 0	0 / 0	94%	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)	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	78.4%	95.0%		96.9%	168.8%		3.30%	0.61%		0	0	0 / 3		0 / 2		
A&E Paeds	97.2%	79.3%					0.70%	0.00%		0	0	0 / 0		0 / 0		
CDW	73.9%	98.5%		71.6%	93.5%		1.02%	20.52%	/	0	0	0 / 1	0 / 0	0 / 0	100%	100%
Lowton	79.0%	92.8%		94.3%	95.5%		5.30%	0.92%	/	1	0	0 / 2	0 / 0	0 / 1	88%	100%
MAU	77.4%	92.8%		119.1%	99.7%		4.06%	10.07%	/	4	0	0 / 16	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			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											
ICU/HDU	70.60%	86.90%	28.40	68.90%		3.20	3.22%	2.72%	/	0	0	0 / 0	1 / 0	0 / 0		
Orrell	66.20%	100.00%	4.20	78.20%	100.10%	3.50	2.76%	18.28%	/	0	1	0 / 0	0 / 0	0 / 3	100%	100%
Langtree	70.50%	99.90%	2.40	103.90%	103.20%	2.60	4.65%	0.06%	/	1	0	0 / 5	0 / 0	0 / 0	100%	100%
Swinley	69.20%	100.00%	2.40	100.10%	101.80%	2.70	4.92%	9.64%	/	0	0	0 / 3	0 / 0	0 / 2	100%	83%
Maternity Unit	88.80%	96.90%	8.30	88.30%	98.70%	2.70	12.13%	16.52%	/	0	0	0 / 0	0 / 0	0 / 2	100%	100%
Neonatal Unit	94.50%	104.80%	9.10	89.60%		1.90	0.58%	0.00%	/	0	0	0 / 0	0 / 0	0 / 1	100%	100%
Rainbow	87.50%	97.70%	9.60	75.40%	50.00%	3.00	6.32%	0.00%	/	0	0	0 / 0	0 / 0	0 / 0	100%	100%

Rainbow ward: During the month of March 2017 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

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)	Datax 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 when you needed it most?
Aspull	87.40%	71.80%	2.90	90.20%	165.10%	3.50	5.73%	7.80%	/	35	0	0/5	0/0	0/1	100%	100%
Ward A	79.70%	97.20%	3.70	94.70%	100.60%	4.00	4.81%	4.08%	/	4	0	0/3	0/0	0/0	90%	100%
Ward B	92.60%	89.40%	3.80	87.00%	101.70%	3.50	7.24%	4.08%	/	4	0	0/1	0/0	0/0	100%	100%
JCW									/	0	0	0/0	0/0	0/0		