



## Safe Staffing Report – January 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.
- 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 January'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.

On 19 January 2017 the Health Service Journal published an article entitled 'Revealed: The hospitals with the worst staffing'. The information published cited that WWL was one of 5 Trusts nationally that had reported less than 80% fill rates for Registered Nursing staff. On review of the information provided it was determined that the published figures related to the Royal Albert Edward Infirmary site only, and furthermore this data related to the return submitted in September 2016. Following further investigation it was clarified that there had been an error in the Trust submission data and nursing hours available had been calculated over a 31 day period rather than a 30 day period; the corrected position was 86.9% which has been noted by NHSi. This data reflects the staff scheduled to work on e roster with the addition of any temporary staff provided by NHS Professionals (NHSP). It does not, however, reflect the movement of staff from other sites to support acuity and dependency need on the acute site. Shortfalls in staffing do on occasions occur, however these are often supplemented with unregistered staff who are able to provide basic nursing care under the supervision of registered staff, and maintain quality and safety standards. This is particularly effective when caring for our elderly patients.

Care Hours Per Patient Day (CHPPD) are also featured alongside the fill rates for each ward / department. September data from the Model Hospital demonstrates that the total CHPPD (combined registered and unregistered staff) for WWL is 8.2 hours compared to the national median of 7.76 hours. When looking at registered only hours CHPPD for WWL was 4.63 hours when compared to the national median of 4.74 hours.

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.

There are a number of wards that have not been able to maintain full rates during the month of January, 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.

There have been 201 incidents reported under the nursing red flags criteria; 144 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 (n= 37) 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, Thursdays and Fridays. This is likely to be related to staff movement to cover shifts at the weekends and in response to short term sickness.

Investigation into the falls resulting in harm on Lowton, Standish, Ince and ASU 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.

The consultation for the standardisation of hours and nursing establishment review is scheduled commenced on 23 January 2017. A series of drop in sessions have been instigated with HR and staff side support to enable staff to raise concerns and to make alternative suggestions relating to the staffing model.

In Decembers report concern had been raised with respect to staffing levels and skill mix on Winstanley Ward as a consequence of increasing needs of patients and the provision of the Non-Invasive Ventilation (NIV) service in the area. This had become increasingly more apparent following the decision to revert Winstanley back to a respiratory ward and Ince back to Cardiology. Following discussion with the Medical Director and Clinical Leads within the service this decision was reversed and plans are in place to combine the specialties together again; Ince reverting to a male ward and Winstanley to a female ward. Consideration of the development of a medical HDU within Winstanley remain ongoing and the nurse staffing model for this area has been developed.

## **5.0 SUMMARY**

During the month of January 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 – December 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	96.14%	100.00%	2.97	109.10%	120.82%	4.44	1.88%	12.42%	/	1	0	1 / 8	1 / 0	0 / 0	100%	100%
Astley	94.55%	71.87%	3.13	103.38%	148.37%	3.20	4.89%	2.28%	/	1	0	0 / 3	2 / 0	0 / 0	100%	100%
Coronary Care Unit	87.49%	98.83%	7.41	97.09%		2.56	0.00%	0.00%	/	1	0	0 / 2	0 / 0	0 / 3	66%	100%
Ince	77.78%	68.82%	2.70	94.42%	155.72%	3.11	0.07%	6.39%	/	8	0	1 / 1	0 / 0	0 / 2	100%	100%
Pemberton	78.08%	93.22%	4.97	154.70%	145.75%	5.97	0.37%	1.47%	/	11	0	0 / 2	0 / 0	0 / 2		
Shevington	87.18%	100.00%	2.70	103.24%	122.04%	3.64	0.00%	19.18%	/	1	0	0 / 1	0 / 0	0 / 0	100%	100%
Standish	91.86%	98.09%	2.75	112.78%	134.21%	3.71	0.41%	4.29%	/	1	0	2 / 10	0 / 0	0 / 0	100%	100%
Taylor Unit	101.08%	100.44%	3.40	88.99%	103.52%	3.40	3.23%	4.44%	/	0	0	0 / 0	0 / 0	0 / 0	100%	100%
Winstanley	83.91%	129.03%	30.00	89.13%	156.38%	3.30	4.78%	10.72%	/	9	0	0 / 9	0 / 0	0 / 0	100%	100%

## Division of Medicine – Unscheduled Care

	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?	
A&E Emg Care	77.25%	95.02%		104.55%	141.55%		5.04%	3.94%		3	0	0 / 6		0 / 2			
A&E Paeds	97.42%	103.23%					0.00%	0.00%		0	0	0 / 0		0 / 0			
CDW	78.68%	97.07%		75.70%	100.88%		0.00%	8.33%	/	3	0	0 / 1	/	0 / 1	100%	100%	
Lowton	80.14%	99.72%		102.87%	150.59%		1.03%	0.00%	/	7	1	1 / 6	/	0 / 0	100%	100%	
MAU	86.63%	92.42%		117.26%	135.41%		2.37%	14.03%	/	26	0	0 / 7	/	0 / 1	100%	100%	

## Division of Surgery

	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?	
ICU/HDU	74.59%	91.71%	23.69	80.38%	-	2.92	3.84%	1.25%	/	0	0	0 / 0	/	0 / 2			
Orrell	63.12%	101.10%	4.40	77.71%	102.71%	3.79	3.29%	20.21%	/	0	0	0 / 3	/	0 / 2	100%	86%	
Langtree	73.79%	98.29%	2.44	93.75%	101.25%	2.39	3.02%	1.09%	/	7	0	0 / 2	/		100%	100%	
Swinley	76.06%	100.00%	2.70	78.10%	100.15%	2.40	1.65%	12.15%	/	0	0	0 / 3	/	0 / 1	100%	100%	
Maternity Unit	93.12%	100.51%	12.07	91.04%	96.42%	3.80	6.18%	7.79%	/	0	0	0 / 0	/	0 / 3	75%	92%	
Neonatal Unit	99.19%	102.58%	9.11	43.15%	-	0.83	0.13%	0.00%	/	1	0	0 / 0	/	0 / 0	100%	100%	
Rainbow	103.96%	100.09%	10.15	86.14%	45.16%	3.01	8.13%	0.00%	/	2	0	0 / 0	/	0 / 2	100%	100%	

Rainbow ward: During the month of January 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												
	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	88.15%	75.46%	2.91	92.95%	156.74%	3.38	0.12%	10.09%	/	73	0	0 / 1	/	0 / 2	100%	100%
Ward A	82.78%	94.43%	3.48	102.57%	96.80%	3.88	3.21%	0.00%	/	17	0	0 / 0	/	0 / 1	100%	100%
Ward B	91.46%	87.10%	3.66	95.03%	100.83%	3.59	6.01%	0.00%	/	9	0	0 / 1	/	0 / 1	100%	90%
JCW	0.00%	0.00%	0.00	0.00%	0.00%	0.00	0.00%	0.00%	/	1	0	/	/	0 / 0		