

Safe Staffing Report – May 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.

There are a number of wards that have not been able to maintain full rates during the month of May, and this is clearly associated with higher rates of sickness/absence, vacancies or a combination of both. Active recruitment to the vacancies remain ongoing. 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 continued utilisation of the unregistered staff on both days and nights across the Trust. 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 2 incidents reported under the nursing red flags criteria; all 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 (n10) and are attributed to vacancies, maternity leave and short term sickness. On review of occurrence of the reporting of nursing red flags, these are more likely to occur on Mondays and Fridays. There were no reported harms for the clinical area during the course of the shift. It has been identified that Maternity Red Flags are not included on Datix reporting and it is anticipated that these will be added to the system in June 2017 to enable Board reporting from July 2017.

Investigation into the falls resulting in harm on Astley 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 falls 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 May 2017.

The staffing report for Taylor Unit indicate high levels of vacancies within the nursing establishment. Whilst this is correct against establishment it should be noted that there has been a reduction in the bed base within the clinical area to support the maintenance of safe staffing levels and that this, therefore is not an accurate picture of the vacancy rates.

Rainbow Ward achieved 100% compliance with the presence of an APLS qualified nurse on every shift throughout May 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.

Statutory Supervision of Midwives ceased at the End of March 2017 with national plans in place to role out a model that will retain the positives from Supervision whilst ensuring local ownership and greater transparency. The trail model is A-EQUIP. The national intention was that this process for supervision was to be determined by each provider organisation, however the Greater Manchester Directors of Nursing have agreed that a Greater Manchester approach to supervision will be developed and adopted to provide assurance of consistency and to permit review. Under the new model there will be a requirement for existing Supervisors of Midwives and those interested in undertaking the new role to train as Professional Maternity Advocates (PMA's). There remain ongoing concerns with respect to the provision of and access to this training which are being addressed by Higher Educational Institutions. In the interim adverse incidents, complaint or concerns relating to midwifery practice following the cessation of statutory supervision will be handled in the same manner as incidents that involve other health professionals across all Trusts within the region.

5.0 SUMMARY

During the month of May 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 – May 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	88.95%	100.00%	4.35	84.71%	170.97%	5.38	0.91%	0.11%	/	0	0	0 / 3	0 / 0	0 / 0	100%	100%
Astley	92.12%	74.70%	3.03	114.49%	165.95%	3.47	2.26%	4.70%	/	0	0	1 / 0	0 / 0	0 / 0	100%	86%
Coronary Care Unit	88.39%	100.00%	7.75	95.27%	-	2.70	9.14%	8.04%	/	0	0	0 / 2	0 / 0	0 / 1	100%	100%
Ince	65.03%	63.64%	2.34	92.31%	143.77%	2.98	6.61%	6.99%	/	0	0	0 / 3	0 / 0	1 low / 4	100%	91%
Pemberton	73.15%	100.00%	4.78	147.67%	105.13%	4.91	2.09%	7.46%	/	0	0	0 / 2	0 / 0	0 / 0	0%	0%
Shevington	95.86%	100.00%	2.88	108.89%	139.93%	3.96	1.17%	7.04%	/	0	1	0 / 4	0 / 0	0 / 0	100%	100%
Standish	77.38%	101.47%	5.15	121.90%	154.15%	8.60	8.82%	11.36%	/	0	0	0 / 3	0 / 0	0 / 0	100%	100%
Taylor Unit	89.00%	100.00%	4.30	84.70%	171.00%	5.40	3.19%	23.16%	/	0	0	0 / 1	0 / 0	0 / 0	100%	100%
Winstanley	76.13%	100.00%	2.70	95.60%	153.00%	3.60	9.57%	8.62%	/	0	0	0 / 3	0 / 0	0 / 1	100%	89%

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	86.5%	94.4%		91.6%	131.8%		3.04%	0.06%		0	0	0 / 1		0/5		
A&E Paeds	89.8%	114.3%					2.15%	6.98%		0	0	0 / 0		0/0		
CDW	82.0%	100.3%		68.4%	90.6%		6.22%	16.12%	/	0	0	0 / 2	0 / 0	0/0	100%	75%
Lowton	82.4%	93.8%		106.9%	97.8%		4.22%	6.18%	/	2	0	0 / 2	0 / 0	0/3	100%	100%
MAU	79.5%	89.3%		106.4%	102.0%		3.54%	16.83%	/	5	0	0 / 3	0 / 0	0/5	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	74.04%	91.27%	26.20	65.70%	-	2.66	2.70%	6.09%	/	0	0	0 / 0	0 / 0	0/1	0%	0%
Orrell	58.96%	101.76%	4.32	98.48%	142.23%	5.07	4.27%	21.16%	/	0	0	0 / 0	0 / 0	0/1	88%	100%
Langtree	70.26%	100.73%	2.70	100.43%	101.10%	2.83	10.37%	2.83%	/	0	0	0 / 3	0 / 0	0/0	100%	100%
Swinley	76.64%	101.83%	2.76	83.58%	108.06%	2.59	3.46%	6.26%	/	0	0	0 / 4	0 / 0	0/1	100%	100%
Maternity Unit	89.30%	95.12%	9.20	93.68%	107.89%	3.22	8.37%	16.52%	/	0	0	0 / 0	0 / 0	0/0	100%	100%
Neonatal Unit	90.27%	104.03%	8.84	67.74%	-	1.63	4.73%	0.00%	/	0	0	0 / 0	0 / 0	0/2	67%	100%
Rainbow	92.93%	96.26%	10.94	91.04%	46.77%	3.70	5.41%	0.00%	/		0	0 / 0	0 / 0	0/0	100%	100%

Rainbow ward: During the month of May 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	85.83%	88.42%	3.24	88.23%	153.81%	3.49	3.95%	6.41%	/	10	0	0 / 6	0 / 0	0 / 1	92%	92%
Ward A	85.32%	90.42%	3.72	95.58%	153.01%	3.58	3.19%	10.73%	/	1	0	0 / 2	0 / 0	0 / 0	93%	93%
Ward B	90.83%	88.56%	3.74	91.90%	97.24%	3.89	7.58%	8.37%	/	3	0	0 / 0	0 / 0	0 / 0	92%	100%
JCW	0.00%	0.00%	0.00	0.00%	0.00%	0.00	0.00%	0.00%	/	1	0	/	/	0 / 0		