



## Quality & Safety Sub-Committee

Agenda Item	<b>QS/029/16</b>	<b>Date: 17/03/2016</b>
Report Title	Safer Staffing	
FOIA Exemption	No Exemption	
Prepared by	Janet Thomas, Deputy Director of Nursing David Mulligan, SafeCare Project Lead	
Presented by	Janet Thomas, Deputy Director of Nursing	
Action required	Noting	
Supporting Executive Director	Executive Director of Nursing and Quality	

### PURPOSE OF THE REPORT:

Report purpose	The Quality and Safety Sub-Committee are requested to: <ul style="list-style-type: none"><li>• Note the risks identified and mitigating actions being taken</li><li>• Receive assurance regarding improvements in Key Performance Indicators (KPI's).</li></ul>
Strategic Objective(s) this work supports	To provide high quality services
Board Assurance Framework risk	1.2 The Trust does not deliver safe, appropriate and therapeutic environments to deliver high quality services.
CQC domain	Safe

## 1.0 Introduction

Trust Boards are required to take full responsibility for the quality of care provided to patients and take full and collective responsibility for nursing and care staffing capacity and capability. In November 2012, National Quality Board issued "How to Ensure the Right People with the Right Skills, are in the Right Place at the Right Time – a Guide to Nursing, Midwifery and Care Staffing Capacity and Capability". For Lancashire Care Foundation Trust it is agreed, monthly briefings / assurance will be presented to the Quality and Safety Sub-Committee in relation to Safer Staffing highlighting any key areas of risk.

## 2.0 Purpose of the Paper

This paper has been drafted in accordance with the paper "Hard Truths: The Journey to Putting Patients First" (January 2014). This paper provides an update of Lancashire Care Foundation Trusts progress from December 2015 to January 2016 in relation to Safer Staffing and identifies the current key risks. The paper provides an update on Key Performance Indicators that have been measured monthly from September 2015 to provide assurance around Safer Staffing.

## 3.0 Safer Staffing Risks

New key risks have been identified in relation to Safer Staffing that are reflected in the Nursing and Quality and Network Risk Registers.

The identified risks are:

- Unable to provide assurance of safe staffing levels and impact on the quality of care
- Networks have on-going recruitment programmes in place to reduce the number of Registered Nurse vacancies; including rolling recruitment where weekly shortlisting and fortnightly interview panels are in place.

## 4.0 Key Performance Indicators

Each ward is measured against 13 Key Performance Indicators that support effective and safe staffing. These Key Performance Indicators have specific measures and ranges and ensure a safe and quality nursing skill mix is utilised. Analysis of the Key Performance Indicators September 2015 – February 2016 can be seen below.

## 5.0 E-Rostering Publishing and Finalisation of the Key Performance Indicators

- a) 78%, representing no increase or decrease, of wards are now publishing rosters 6 to 10 weeks ahead of them being worked, allowing proactive management of staffing gaps. Timely publication allows early requests to temporary staffing, meaning an increased likelihood of the duty being filled by Bank rather than Agency, improved training and annual leave management and a proactive approach into potential staffing risks.
- b) 69% of wards are now finalising rosters on time after they have been worked (prior to the Payroll cut-off). This is in order that staff members are paid accurately for the previous month's work. This is a 23% increase on the previous pay period.

Additional support is being targeted to individual areas non-compliant with publishing and finalisation of Key Performance Indicators from the e-Rostering team.

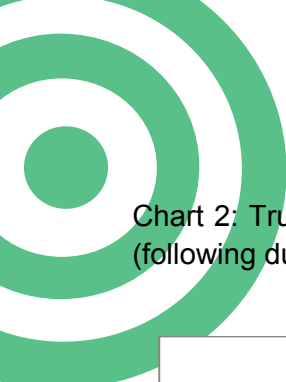
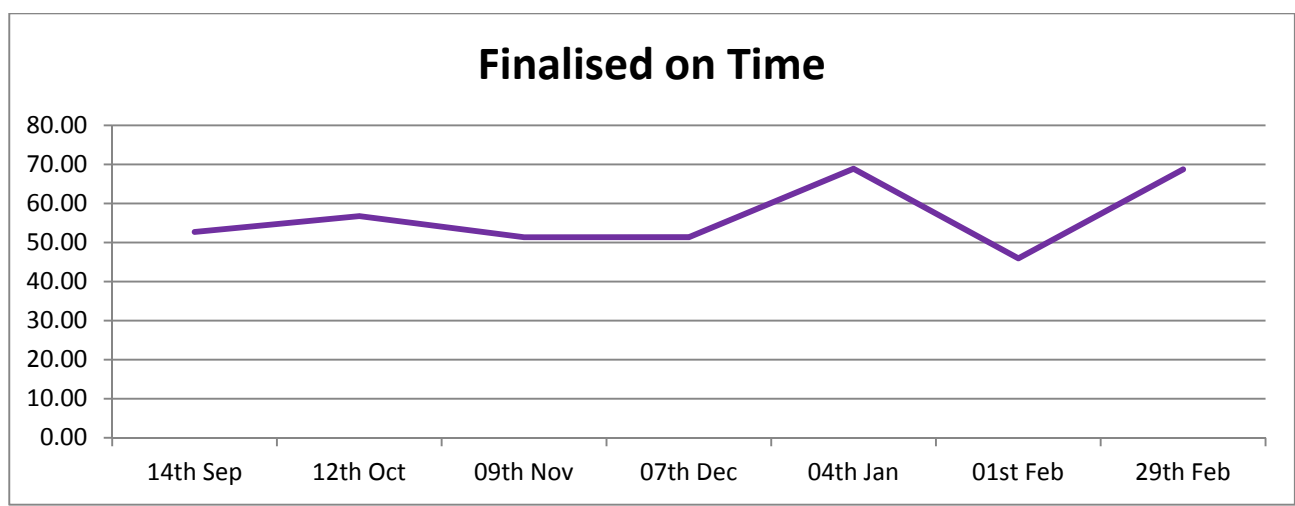
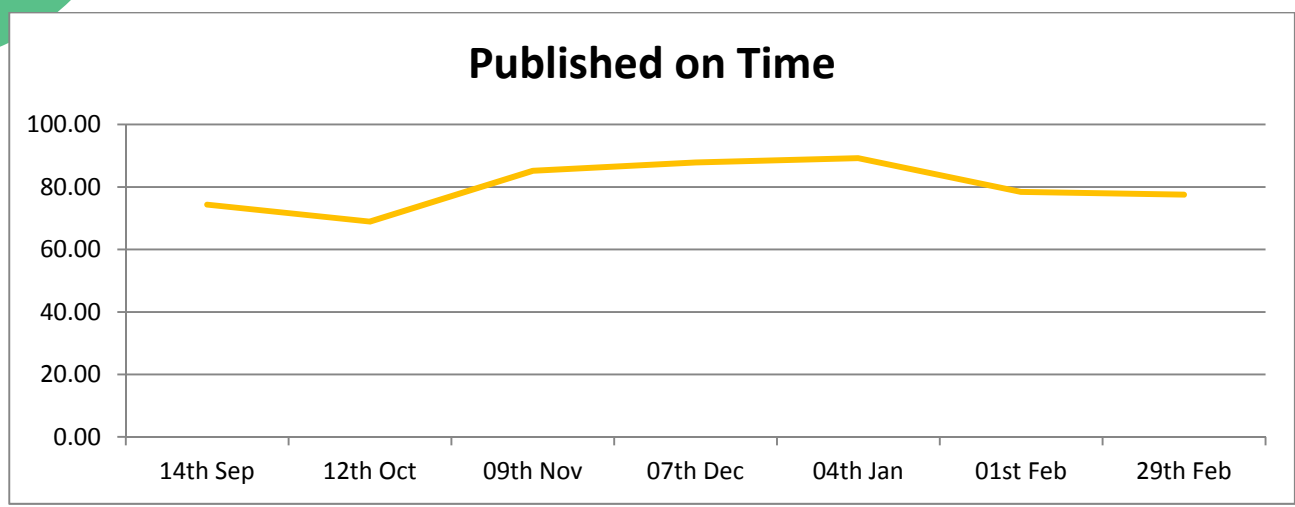


Chart 2: Trust performance trend of roster publication (6 weeks prior to being worked) and finalisation (following duties being worked) September 2015 – February 2016.

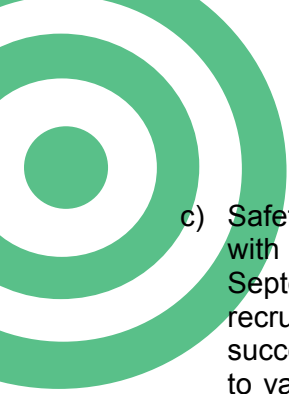


## 6.0 E-Rostering Key Performance Measures

Additional assurances are sought from each inpatient ward on:

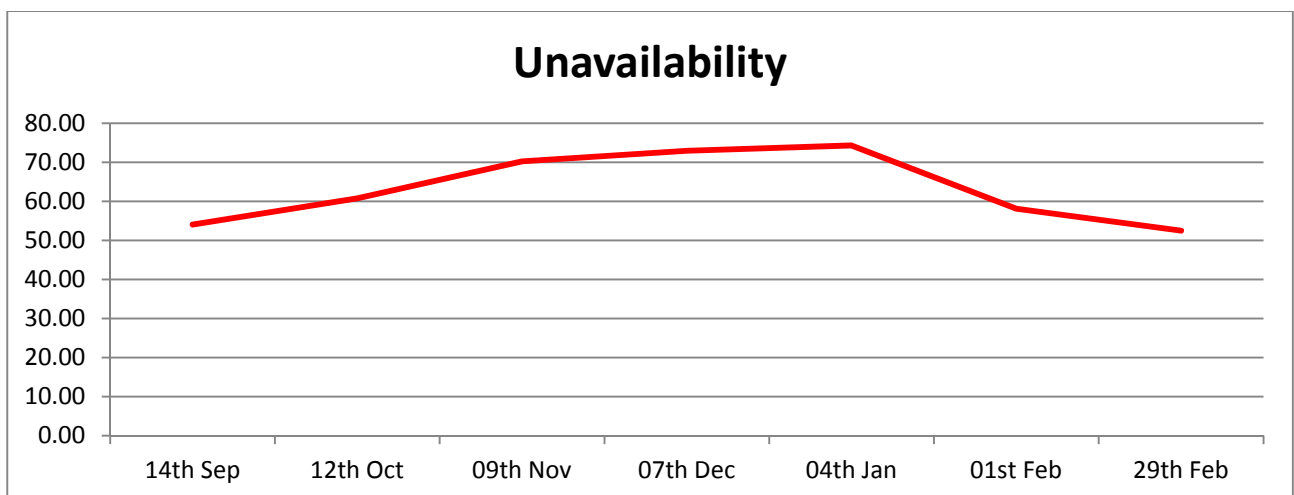
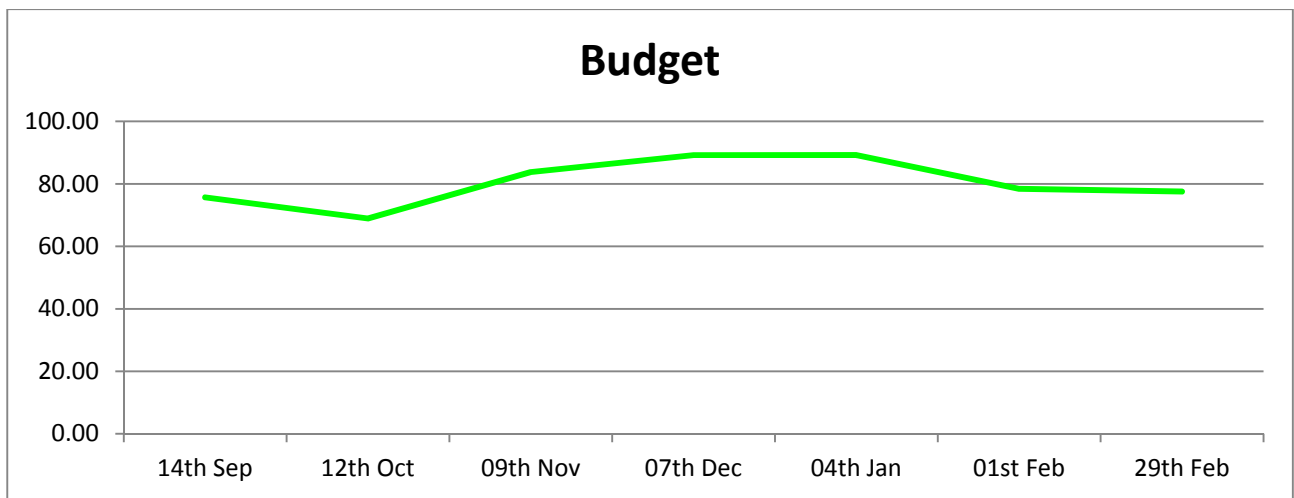
- a) Budget – 78%, an equalling of the previous roster period, of wards are now demonstrating rosters can be produced within the agreed ward budget. Wards unable to achieve this are reporting high acuity and sickness levels.
- b) Unavailability – 53% of wards are now producing rosters with sickness and training below the defined range (sickness at 4.5% and training at 3%) and can produce evidence of effective sickness management. This is a 5% decrease from the previous roster, following a 16% decrease on the roster before that, but owes in some part to the remaining leave in the current financial year needing to be granted before the expiration of staff leave entitlements.

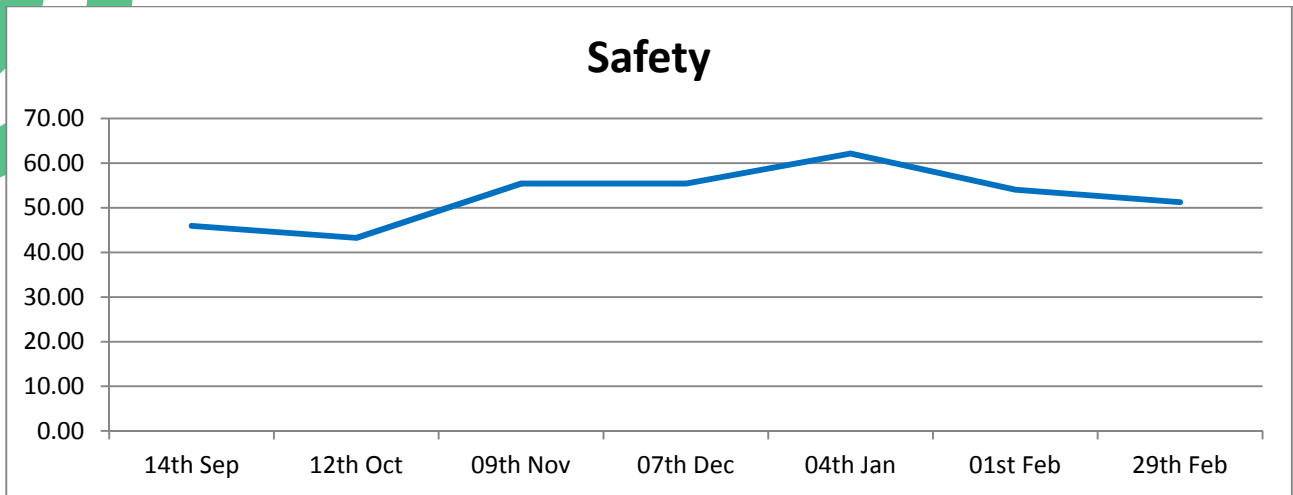
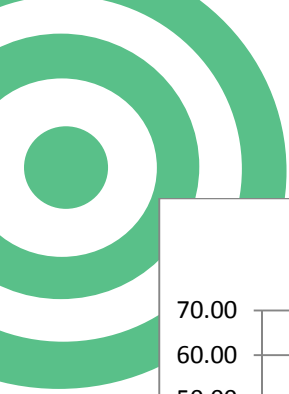
Significant improvements in sickness absence have been noted at the Harbour since the introduction of on-site Human Resources support.



c) Safety – 51% of wards are now able to produce rosters within the approved skill mix thresholds with staff who have the correct competence/training. This represents a 6% improvement since September but is a drop of 3% from the previous roster period. Challenges remain regarding recruitment of qualified nurses. A weekly rolling recruitment process continues and has been successful in recruiting student nurses. Work is now underway to further recruit qualified nurses to vacancies. Wards are using increased numbers of support workers to supplement qualified nurse gaps. This is managed by ward sisters and staffing levels are based on the clinical needs of the ward. Further work is underway to assess the impact of staffing levels on quality of care.

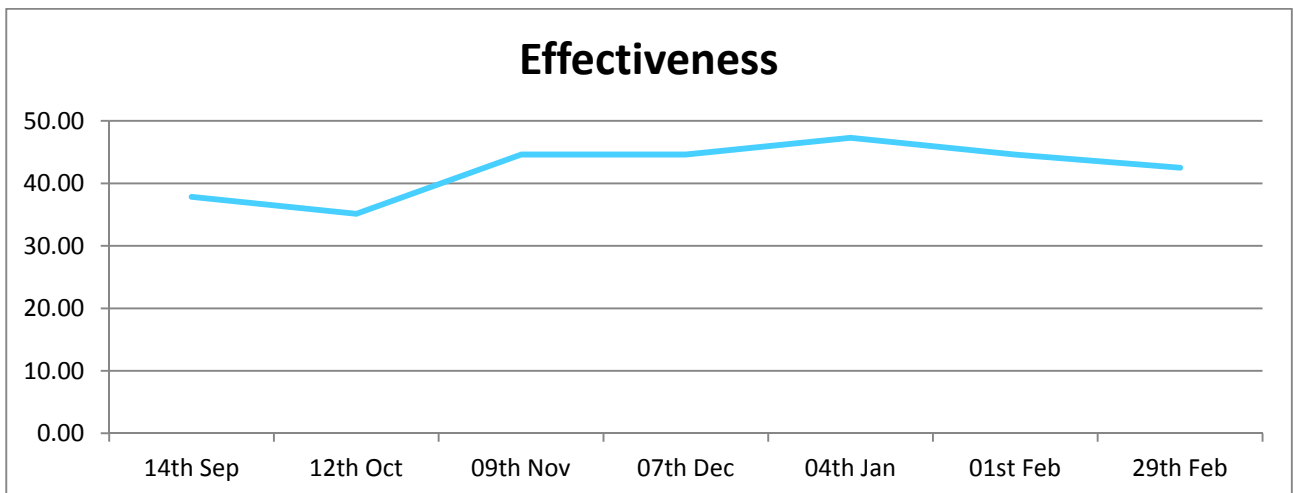
Chart 3: Trust performance trend of budget compliance, unavailability management (annual leave, sickness, study leave etc.) and safety (roster fill performance and missing skills) September 2015 – February 2016.

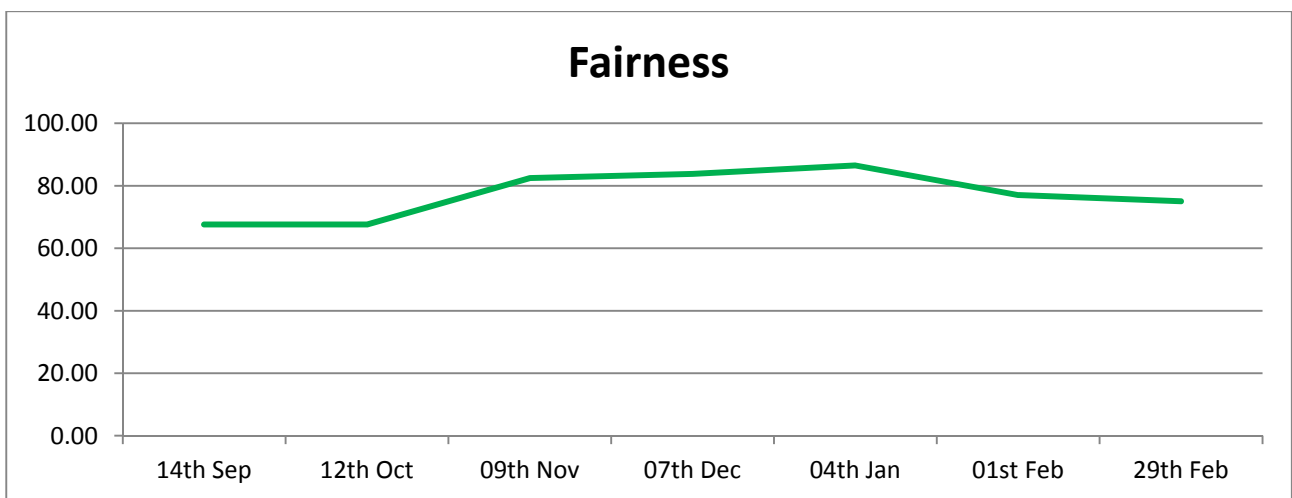
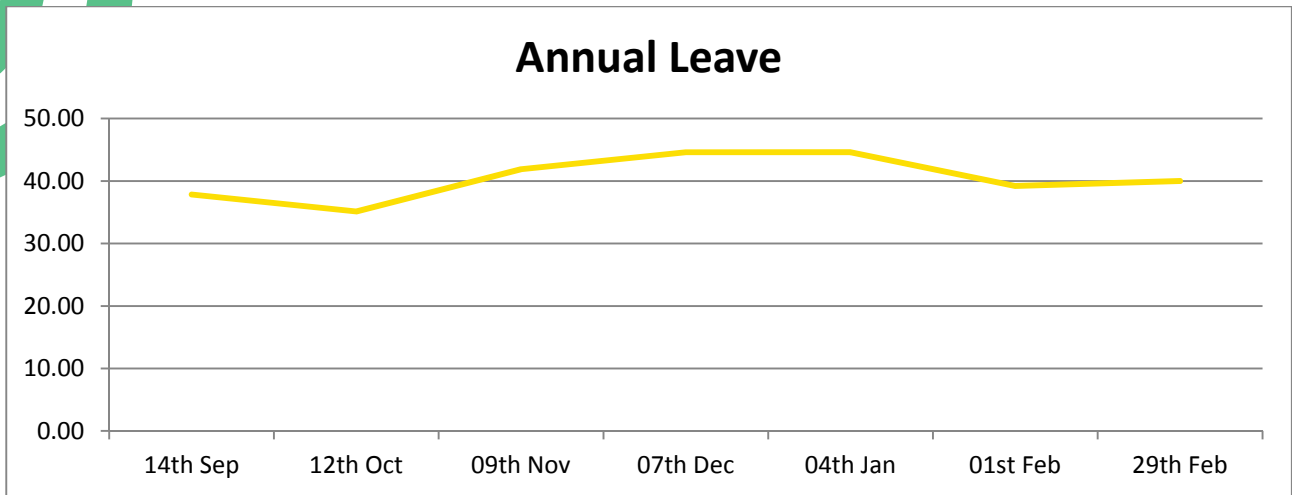




- d) Effectiveness - Each ward has to produce a roster where all the allocated contracted hours are used. This Key Performance Indicator also requires the correct grade of staff to be used for the allocated duty. This remains the most challenging key performance indicator due to the inability to recruit registered mental health nurses. 43% of rosters produced from 29<sup>th</sup> February are considered to be effective, a reduction of 2% from the previous roster.
- e) Annual Leave - Parameters have been set for annual leave at 11-17%. Wards must produce rosters that have annual leave included within these parameters. 40% of wards are considered to be achieving against this metric.
- f) Fairness - The E-Roster system produces alerts if unsafe working patterns are planned. The system also produces alerts if high or low numbers of staff requests are used. Wards must produce a fair roster that does not trigger any alerts. Planned rosters continue to be fair to staff, up to 75% for the 29<sup>th</sup> February roster.

Chart 4: Trust performance trend of roster effectiveness (use of contracted hours), fairness (granting of requests) and annual leave management September 2015 – February 2016.





## 7.0 Additional Key Performance Measures

Further assurances are sought from Network Leads monthly at the Safer Staffing meeting in relation to:

- g) Establishment - Each Network provides assurance that ward establishment has been reviewed in the last 6 months against an approved staffing model where available. All areas of the Trust will have completed this by the end of Quarter 4, currently 64% of wards have completed this work.
- h) Bank and Agency - Each ward is monitored monthly to ensure Bank usage does not exceed agreed establishment and have agreed governance for sign off of requests. This Key Performance Indicator is fundamental to meet the one million pound target saving for reduction in bank and agency staff and Monitors required 3% cap on agency usage.
- i) Safe Wards - Ward sisters provide progress against their safe ward implementation plans and assurance, these are reported monthly to the Safer Staffing Group. Progress from September to date has improved from 32% to 58% demonstrating use of the safe wards initiatives.

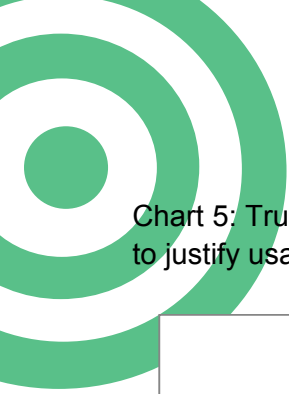
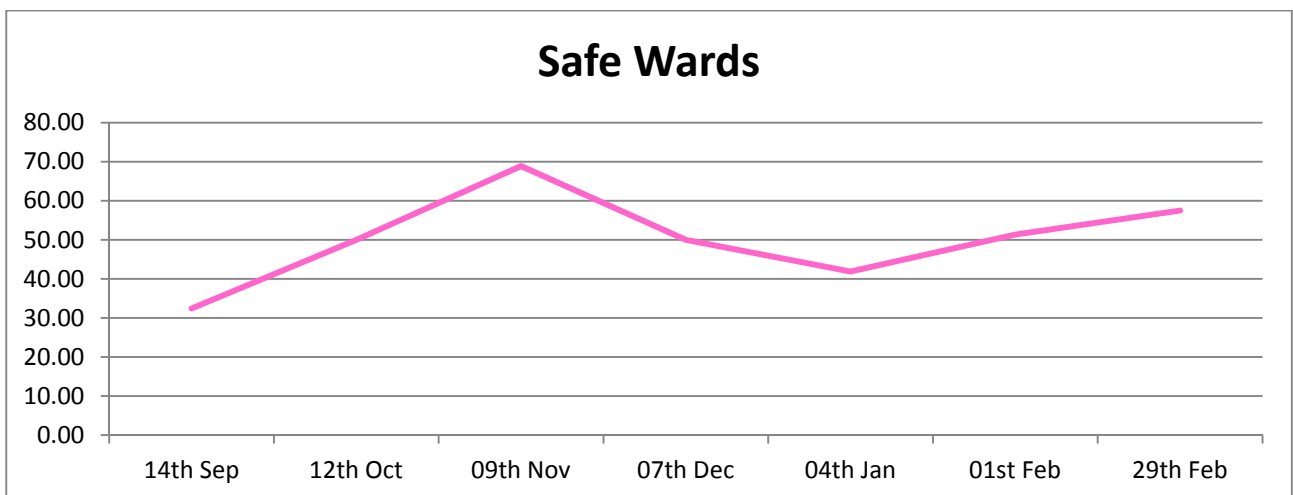
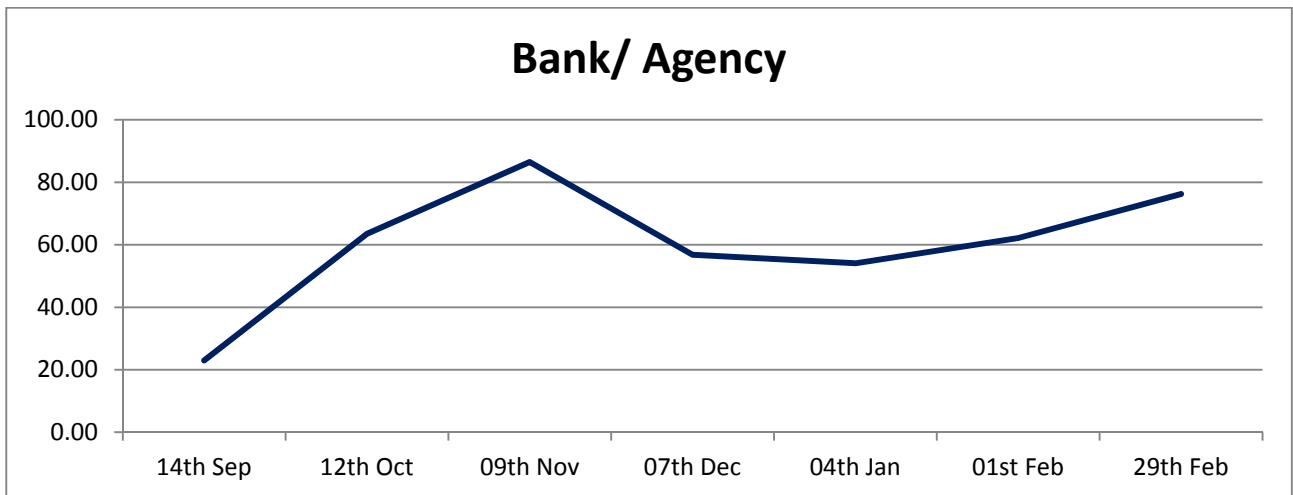
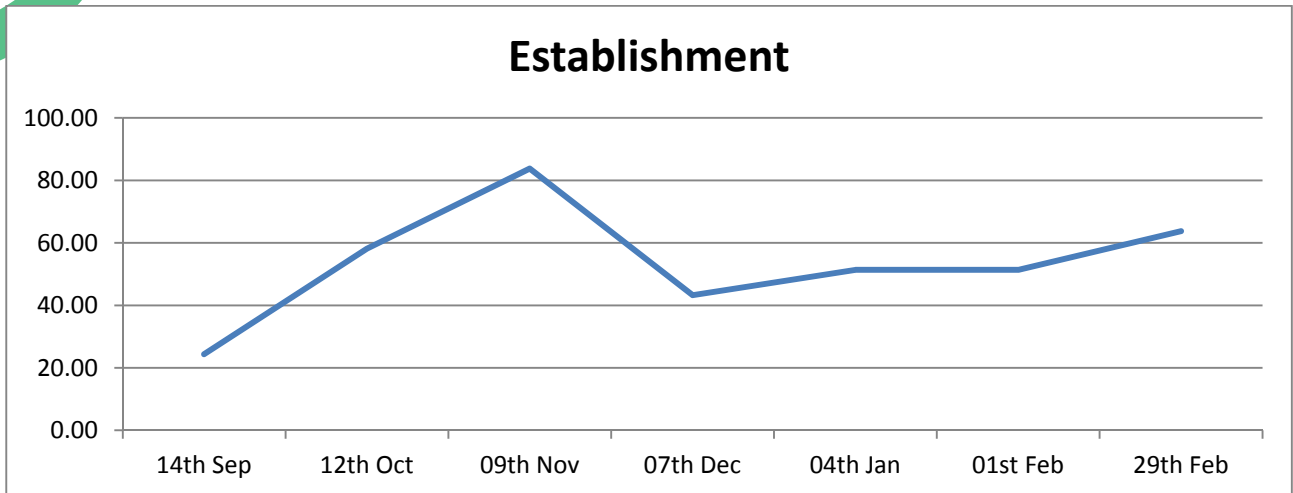


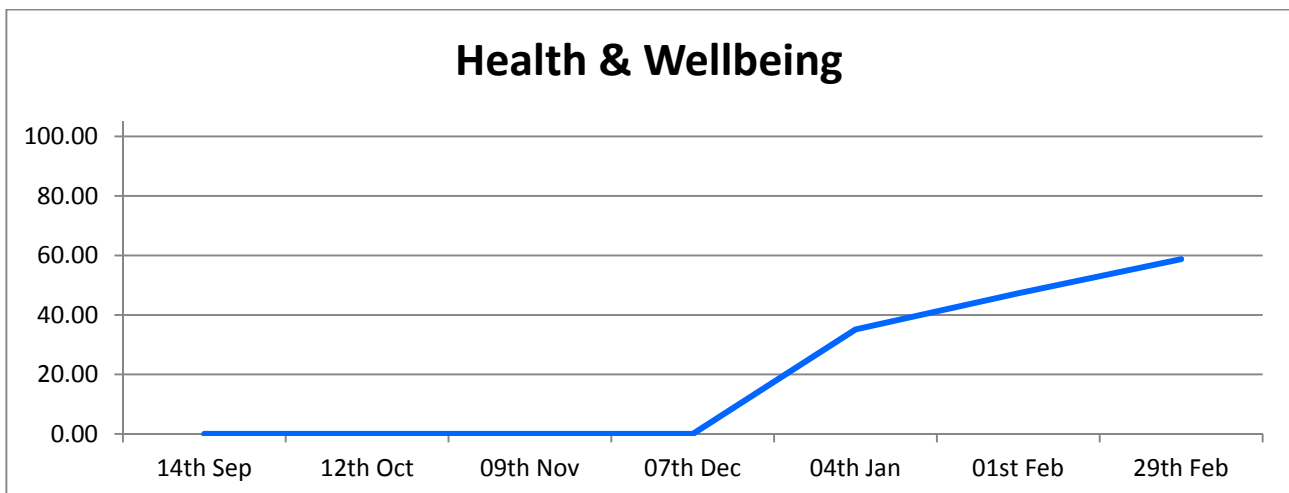
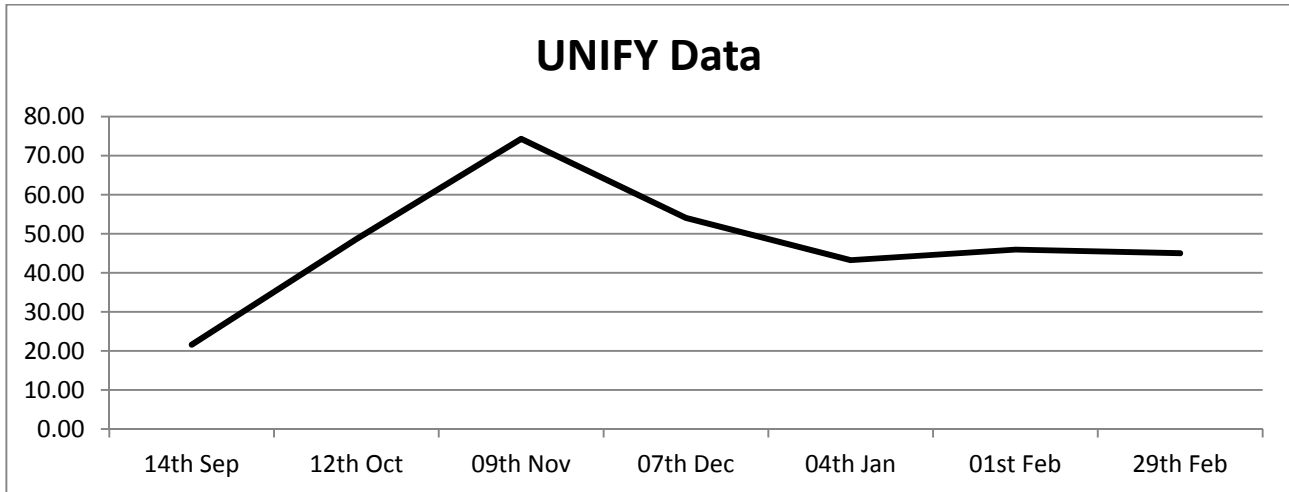
Chart 5: Trust performance trend of Establishment Reviews, Bank & Agency usage (managers required to justify usage), and Safe Wards initiatives September 2015 – February 2016.



j) UNIFY Data - In September 2015 only 21% of wards could demonstrate an understanding of their UNIFY data and describe actions being taken to improve fill rates. This has increased to 66% of wards in the current period.

k) Health & Wellbeing – For the previous two months assurance has been sought from ward managers that initiatives are being taken in line with the Health & Wellbeing strategy to retain and value staff. 59% of wards are now demonstrating work being done towards this end.

Chart 6: Trust performance trend of data validation of UNIFY Planned vs. Actual figures and Health & Wellbeing initiatives compliance September 2015 – February 2016



## 8.0 Quality and Safety

A number of areas have reported increased challenges with increasing vacancies and high acuity. Staffing levels are being assessed daily and staffing allocated and relocated as required in line with local Escalation Policy. A detailed review of quality measures, triangulated with staffing figures will be presented in the forthcoming 6 monthly Executive Director of Nursing and Quality report presented to the Executive Quality Committee in July 2016.

## 9.0 Conclusion

The Trust continues to make progress against the ten expectations set out by the National Quality Board.

Regular and consistent reviews of day to day staffing levels are undertaken as an integral part of the Trust's daily capacity planning, risk management and escalation process. This includes consistent





oversight of staffing rotas and monitoring of compliance with quality standards in line with the Trust's commitment to ensure safety, clinical effectiveness and patient experience.

The improved recruitment practices have made a notable impact, however further work is required to optimise retention.

The Quality and Safety Sub-Committee is asked to note:

- Ongoing review of staffing establishments is underway
- The outcome of the headroom review across all services in conjunction with the establishment reviews will be reported in future Board reports
- SafeCare functionality will be optimised and reporting will begin to become more widely used
- UNIFY data for February 2016 uploaded by March deadline.