



Quality and Safety Sub-Committee

Agenda Item		Date: 27/02/2017
Report Title	Staffing for Safety and Quality – January 2017 Dashboard and Narrative	
FOIA Exemption	No Exemption	
Prepared by	Lynne Carter, Deputy Director of Nursing David Mulligan, SafeCare Project Lead	
Presented by	Lynne Carter, 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 meeting are requested to: <ul style="list-style-type: none">Note the contents within the Dashboard and the Report
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



Lancashire Care NHS Foundation Trust Staffing for Safety and Quality

Developments

The dashboard has been extended this month to include Adult Community Services and Community Mental Health Services. At this point in time there is limited data available and where there are gaps this will be noted in the narrative. It is intended that these columns will be completed as more data becomes available. All teams are not included in this month's report as they are still being separated from service to team and are not all on eRoster. As teams are added to eRoster the data will be uploaded onto the dashboard. Until then staffing in these areas will be scrutinised in the Networks.

Other clinical and administrative teams are also being added as they are included in eRoster.

Staffing Model

Not all areas have a defined staffing model and this is shown on the dashboard. Some areas have set staffing shifts according to the budgeted establishment, commissioning arrangements or caseload number. Where there is a staffing model in place this is identified. The staffing model is likely to be better defined in future months as pilots of workforce indicator tools take place in community settings.

Charge Nurse Supervisory

This month has seen an increase in reporting however is still not robust. Wards which have less than 90% supervisory timer are:

Darwen/Shakespeare/Orwell/Austen/Dickens/Calder/Marshaw/Fellside East/Dutton/Mallowdale/Fellside/Fellside East/Dutton and Mallowdale show 0% and this relates to vacancy and leave. This is not in line with the daily SitRep information which shows Ward Managers working clinically to support one registered nurse and the Heads of Nursing in each Network have been asked to resolve this issue.

This indicator does not apply to Adult Community Services or Community Mental health at present.

Fill Rate

Wards with less than 65% fill rate for qualified staff day shift are:

Churchill/Bronte/Wordsworth at the Harbour and Fairsnape/Greenside/Calder/Fairoak/Forest Beck/Mallowdale/Bleasdale/Fellside East/Dutton/Fellside and Langden wards at Guild.

This resulted in an overfill of HCAs to ensure numbers of staff are available, this can impact on the quality of care delivery as the skill mix does not enable qualified staff to complete all areas of care to the highest quality.

On night shifts Latham and Shakespeare are notable and again there was an overfill of HCAs.

This information is not yet available for community teams.

One Registered Nurse per Shift

The following wards reports more than 5 occurrences of one registered nurse on shift:

Edisford/Hodder/Stockbeck and Bronte.

This remains an issue for most wards however the twice daily SitRep and Safety Huddles **ensure that swift corrective action is taken to mitigate any risks and to support the staff and patients.**

This is not applicable for community teams.

Missed Breaks

The following wards reported more than 10 occurrences of breaks being missed:

Ribble/Dickens/Darwen/Hodder/Stock Beck
Edisford/Stevenson/Austen/Bronte/Wordsworth/Orchard/Platform/

This is improving in terms of reporting. Staff Side have also been involved in discussion about this area and a focussed piece of work is planned to take place in March to look at the reasons behind this in more detail as they do not all relate to staff working on their own. There is to be an improvement plan put in place to ensure that this important area of staff health and wellbeing is not overlooked.

This area is not reported by community teams.

Care Hours per Patient Day (CHPPD)

This remains under scrutiny by the matrons and a more detailed review is being commissioned to triangulate this with acuity and dependency and skill mix in order to plan improvements.

This does not yet impact on community teams as they have a caseload model rather than acuity and dependency; however a trial is in place for Adult Community Services and Community Mental Health to pilot a similar model.

Acuity and Dependency

Wards with more than 25% patients in the high category:

Ribble (Assessment)/Hyndburn (Acute)/Byron (PICU)/Keats (PICU)/ Hurstwood (Advanced Care)/Bronte (Dementia)/ Dickens (Advanced Care)/Wordsworth (Dementia)/Dunsop Acute)/Scarisbrick (Acute) Latham (136 Suite).

Wards with more than 10% in the highest category:

Calder (PICU)/ Stock beck (PICU)/ Stevenson (Acute)/ Byron (PICU)/ Wordsworth (Dementia)/ Platform (CAMHS)/ Keats (PICU)/ Whinfell (ABI)/ Bleasdale (ABI)/ Greenside (Med sec)/ Calder (Med sec)/ Elmridge (secure).

This information shows the level of acuity and dependency of the patients over the month of January. All wards look at this information when planning staffing and when looking at daily SitReps as this is inputted to the SafeCare system on each shift change on each ward. This data gives information on patients with increased observation needs and with physical dependencies which impact on staff numbers.

Information not available for community services as SafeCare not yet in use in those areas.

Red Flags

Wards with more than 5 red flags in January are:



Mallowdale/Dutton/Fellside/ Edisford/Scarisbrick/Latham Suite/ABI step down.

Recording is not yet 100% accurate and there is ongoing review of this area by the Matrons to ensure that this is consistent with other reporting areas.

This field is not yet completed by community teams.

Temporary Staff

This continues to fall overall, however there are hotspots as detailed below:

More than 40% bank use:

Bleasdale/Elmridge/Greenside/Townley/Stock Beck

More than 10% agency use:

Stevenson/ Elmridge

Wards are closely monitored by matrons to ensure safe and competent practice with many of the bank staff being substantive LCFT staff.

Temporary staff use in Adult Community Teams is highest in Penwortham DN/Chorley DN/Bamber Bridge DN/Chorley East DN/ PR and CH overnight.

Vacancies

Vacancies remain manageable across in patient wards at present however Holyoak Community team/Penwortham DN/LD services/PR and CH overnight reduced in September in line with recruitment plans for newly qualified nurses.

In Community Mental Health teams the RITT teams have the highest number of vacancies. The vacancies in Community Services have a large impact as the teams are small. The use of temporary staff reflect the vacancies.

Sickness Absences

All in patient areas are over the Trust target of 5% with the exception of Orwell and Whinfell. Particular hotspots are Townley/ 136 Suite/ Stevenson/Forest Beck and Fellside.

Adult Community teams hotspots are BwD treatment rooms/ Chorley Village/Chorley East and Community Mental Health team's hotspots are Preston STS and all RITT teams.

All areas of the Trust are updating the management of sickness training to tackle this problem.

Study Leave

A small number of wards were over the 2.3% target which reflects the push to core skills compliance in these areas.

No issues to report for community teams.

Roster Planning Performance and KPIs

This has deteriorated in January for in patient wards and is partly due to the Ward Managers working clinically throughout the December period. Renewed focus has been placed on this area with Super



User support. This is also poor in Community Mental Health Teams but should improve as the roll out of eRoster and training support is provided.

Core Skills Compliance

Wards with less than the Trust target of 85% are:

Greenside/Bleasdale/Keats/Calder/Bronte/Byron/Forest/Beck/Dickens/Orwell/Hyndburn/Hurstwood/Dunsop/Stevenson and 136 Suite.

All wards have plans in place with trajectories which are monitored weekly to improve compliance.

Critical areas have been prioritised for example BLS and ILS. It is recognised that vacancies and sickness absence affect the ability to release staff for training and more training is now taking place in individual wards.

Community Mental Health has less than 85% compliance RITT East and RITT BF and Adult Community Services are fully compliant.

Restraint

Areas with more than 10 episodes of restraint are:

Hyndburn/Stock beck/Elmridge and Byron.

Physical Violence

Wards with more than 5 episodes of physical violence are Hyndburn/Shakespeare/Stevenson/Churchill/orwell/Dickens/wordsworth and Elmridge. Wordsworth is particularly high and is subject to further review.

Medication Errors

Areas with more than 5 incidents are: Stevenson/Churchill and the Orchard. The Harbour is currently piloting a new medication administration assessment process and when evaluated this is planned to roll out to all other Trust areas to ensure all qualified staff are competent to administer medicines. This should also improve the error rate.

Harm Free Care (Physical)

Data not available at time of writing.

Harm Free Care (Mental Health)

Data not available at time of writing.

Friends and Family Test

Data not available at time of writing.



Conclusion

The dashboard continues to be refined with additional areas included. Wards and teams are now using this dashboard to analyse patterns and issues and to learn lessons. An example of this is the recent development of a report which can show violent incidents and staff hours available, this has prompted discussions which will significantly improve triangulation of data in different ways.