



Quality & Safety Sub-Committee

Agenda Item		Date: 24/06/2016
Report Title	Safer Staffing Analysis Report – May 2016	
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 are requested to: <ul style="list-style-type: none">• Note the risks identified and mitigating actions being taken• Receive assurance regarding improvements in Key Performance Indicators (KPI's).
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



Staffing for safety and quality analysis report May2016

Staffing for safety and quality in Lancashire Care NHS Foundation Trust (LCFT) is reported through multiple metrics. This report brings together some of the more significant metrics to triangulate the information and provide assurance. The report is intended for the Quality and Safety Sub-Committee and the Joint Quality and Performance Sub-Committee.

Feedback has been received on the first report in this format which was produced on April 2016 data, comments were positive and some amendments have been made to this months report which are highlighted below. The production of this has also highlighted some areas where further work is needed in the networks and also in the corporate teams to standardise data collection and to make the process simpler.

Work has commenced on a review of policies regarding staffing, these include rostering, shift patterns and escalation of concerns. It is intended that this work will be completed by the end of September 2016.

The development of an overarching RAG rating for ease of reporting will be completed by the end of August 2016.

This report covers the in-patient areas of LCFT and a roll out is planned for the community teams.

The areas triangulated are:

- Staffing - includes care hours per patient; rostering; establishment; vacancies; absence; beds; dependency; temporary staff, SafeCare
- Safety - includes Harm Free Care; incidents; core skills compliance
- Quality - includes patient experience; complaints; compliments.

Each of the above areas has specific KPIs attached to them and these are monitored at ward level and through the safe staffing group.

Areas of concern are reported by exception together with any actions required.

The report for July 2016 will show 6 months of data retrospectively and where possible will highlight trends.



Exception Report

Charge nurse supervisory- some areas do not have charge nurses and this needs to be reflected in the data. There also needs to be explanation regarding those areas where 100% is not obtained and any impact of this.

% Fill rate- The report shows evidence of significant HCA usage and areas where the fill rate for Registered Nurses is lower. Networks need to look at whether the use of HCAs to fill registered staff gaps is safe and effective and specifically to look at the impact of this on incidents and complaints.

Bed occupancy- It has not yet been possible to add this data, however it will be added to the next reports.

CHPPD- this month we have shown this as total number of hours rather than split by staff group. Whilst there is currently no standard for mental health or community services there is benchmark data from other organisations and this will be examined in order to produce a reflection of where each area sits. The Trust is actively engaged in the developing national work on this. The range shows 6.30 to 41.06 and networks need to assess the impact of this on therapeutic interventions, length of stay and establishments.

Temporary staff usage- in some areas over 42% of staff usage is temporary staff the implications of this need to be examined in the networks. Work has commenced on an escalation process to ensure that staffing for safety and quality is assured on a shift by shift basis and that this is transparent.

Vacancy rate- the parameters have been changed this month in order to highlight the issues more readily. The RAG rating now reflects 20% and over as red, 10% to 20% as amber and less than 10% as green. This is in response to feedback and more accurately shows those areas where vacancies require additional actions.

Annual leave- the data reflects those areas where over allocation of leave is then compounded by over allocation of study leave and requires further analysis by the networks.

Sickness absence – whilst the overall percentage has not changed from April to May several areas have had a significant increase in sickness absence. Networks need to examine those areas and ensure that there are plans in place to manage this.

Harm free care- The range of scores is significant with some areas as low as 35% and others achieving 100%. It is vital that networks share any actions which can improve these scores and also that there is a focus on the specific harms in underperforming areas. One area of focus should be on the mental health harms and incidents of physical violence.

Core skills compliance the report shows 77.6% compliance across all in patient wards, networks need to examine those areas where the score for compliance is low in relation to study leave allocation and roster planning performance

Complaints- data has been expanded this month to show all complaints at all levels.



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