

## Report Summary

Report Purpose:			
Approval/Decision:	x	Assurance:	x
Update	x	Review	x
Discussion	x	Steer	

<b>Agenda Item Ref:</b>	
<b>Report to:</b>	WODAC
<b>Meeting Date:</b>	4 February 2018

Report Title					
<b>Safer Staffing - Workforce Report January 2019</b>					
<b>Presented by:</b>	Paul Keedwell Executive Director of Nursing and Practice				
<b>Report author(s):</b>	Chris Burford, Deputy Director of Nursing and Practice, with the Safer Staffing Team				
<b>Accountable Director:</b>			<b>Date Approved:</b>		
Paul Keedwell, Executive Director of Nursing and Practice			25 January 2019		
<b>Alignment to the Trust's strategic aims:</b>	Our aims:	To deliver high quality care and treatment	x	To ensure our services are driven by the voices of people who use them	x
		To build a reputation as a recognised centre of excellence and expertise	x	To attract and retain talented people and to create a great place to work, with a shared sense of pride and ambition	x
		To challenge discrimination and stigma, and to champion recovery, inclusion and wellbeing	x	To be an efficient, thriving and successful organisation with a sustainable future	x
<b>Purpose of report:</b>	The Trust is required to report on inpatient staffing levels on a monthly basis – both externally, through the NHS Choices website and internally to the Trust Executive Committee.				
<b>Summary of the key issues:</b>	<p>Safer Wards reporting is included within this report based upon the Ward Dashboards recently introduced.</p> <p>Key Performance Indicators based upon CQC domains are actively represented.</p> <p>Ward staffing numbers working below 80% and above 120% establishment.</p> <p>Reasons for staffing numbers below 80% and above 120% for December 2018</p> <p>Care Hours Per Patient Day calculation explained and reported for December 2018, including the Allied Health Professional returns reported to NHS England.</p> <p>KPI 480 Bank and Agency Usage on Ward Shifts during December 2018</p> <p>Agency spend update by Directorate</p>				
<b>Recommendations:</b>	<p>The Trust Executive Committee receives the Safer Wards report and the Analysis of the data.</p> <p>The board to be assured that inpatient wards are safely staffed at all times, that when breaches with skill mix are identified; they will be mitigated with a</p>				

	ratio of increased unregistered staff.  The Board to be assured of the continued controls implemented by the Safe Staffing Team, including validation of agency requests, agency negotiation and effective rostering of healthcare staff.  The Trust Executive Committee are assured that all reporting to NHS England is compliant and reflective of Trust performance.				
<b>Report previously presented to:</b>					
Committee/Group:	Date:	Report title:	Outcome/action:		
None	N/A				
<b>Summary of compliance implications:</b>					
Meeting the National Quality Board requirements and reporting to NHS England					
<b>Does this report provide assurance in respect of a new / existing risk/s?</b>					
Type of risk/s	Existing	Corporate Assurance	x	Risk Register	x
<b>Level of Assurance and trend:</b>					
Significant		↓ Limited		↑ 1 to 10	
8		→			



## Trust Executive Committee

### WODAC - Workforce Report January 2019

#### 1. Situation

1.1 The Trust is required to report on inpatient staffing levels on a monthly basis – both externally, through the NHS Choices website and internally to the Board. This has been a requirement since June 2014.

1.2 This report is reflective of the National Quality Board guidance published July 2016:

“Staffing Guidance any Guidance applicable to the Services in relation to Staff numbers or skill-mix, including the National Quality Board publication Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time, available at <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

#### 2. Background

2.1 The data presented on this report is obtained through the following reports/systems:

HealthRoster

Ward Dashboards

2.2 April 2018 NHS England has made the reporting of Care Hours per Patient Day (CHPPD) mandatory report as part of the safe staffing uplift per month. The Trust submitted the first set of CHPPD figures 15 May 2018, reporting CHPPD for April 2018.

2.3 The inclusive template for Allied Health Professionals (AHPs) cascaded from NHS England to comply with Trust reporting targets from December 2018 have been completed. The new data upload for Decembers CHPPD now includes AHP data as required.

2.4 NHS Improvement (NHSI) implemented a capped rate for agency expenditure for all professions from April 2016 with each Trust allotted a maximum amount. The purpose of the cap is to ensure agency expenditure does not exceed acceptable limits

#### 3. Assessment

##### 3.1 Safer Wards Report

3.1.1 The Trust has introduced a Safer Ward set of metrics via the Ward Dashboards hosted on the Informatics hub with the aim of reporting the holistic view of wards based upon key performance indicators.

3.1.2 The key performance indicators chosen are aligned with CQC requirements based on Safe, Effective, Caring, Responsive and well led criteria. Currently 16 KPIs are graded providing a reflective viewpoint of ward safety. The reporting levels are at Trust level, Directorate level and Ward Level. For the purposes of this report Trust and Directorate levels will be used as the measure allowing benchmarking and trend analysis to be included within future reports.

3.1.3 The metrics for Safer Wards are enclosed in Table 1, this illustrates performance through the RAG rated principle. The Trust complied with 6/16 KPIs during November, reported as Green, 6/16 KPIs reported as Amber and 4/16 KPIs reported as red. The fill rate of ward

shifts is positive for the Trust overall and for each Directorate as these are averaged across the number of wards per Directorate. Individual ward performance is included within the NHS England Safe Staffing Report 3.2

Key Performance Indicator	Target %	Trust Overall Performance	Adult	OPMH	Secure	Specialist
KPI 10 Follow up within 7 days of discharge	95%	90.90%	90.90%	N/A	N/A	N/A
KPI 29 Admissions to Inpatient services access to CRHT	93%	95.70%	95.70%	N/A	N/A	N/A
KPI 211 Sickness Absence Monthly	4%	6.28%	5.40%	6.80%	7.80%	5.10%
KPI 238 Supervision/PDR within past 60 days	90%	77.98%	77.80%	80.70%	68.20%	85.20%
KPI 239 Appraisal rate within 12 months	90%	81.58%	80.50%	81.00%	80.10%	84.70%
KPI 279 48 hours follow up on discharge from Adult	95%	85.70%	85.70%	N/A	N/A	N/A
KPI 308 Compulsory Training by Pathway	90%	93.13%	91.30%	93.30%	92.50%	95.40%
KPI 399 Clients on CPA with formal review	95%	87.20%	96.50%	86.00%	93.30%	73.00%
KPI 436 FFT Response rate	15%	3.80%	8.00%	4.60%	0%	2.60%
KPI 437 FFT People who would recommend the service	85%	95.23%	95.50%	97.10%	N/A	93.10%
KPI 452 EIP Treatment in 2 weeks	53%	76.20%	76.20%	N/A	N/A	N/A
KPI 454 Meds Management Reconciliation	95%	95.00%	95.40%	84.60%	100%	100%
KPI 477 Clinical supervision in date	90%	79.15%	78.80%	82.30%	69.30%	86.20%
KPI 479 Fill rate of ward shifts	80% - 120%	115.28%	112.70%	116.90%	102.40%	129.10%
KPI 480 Bank and Agency usage on ward shifts	30%	22.58%	19.10%	19.00%	29.50%	22.70%
KPI 481 My clinical recording completion - Inpatient	90%	87.35%	89.30%	94.70%	76.60%	88.80%

Table 1: Safer Wards Key Performance Indicator Template

3.1.4 Key Performance Indicators show that KPI 211 Sickness absence is a concern as all Directorates are reporting above 4% which directly effects safer staffing availability when building rosters and leads to the use of temporary staffing. KPI 238 Supervision/PDR is reported red as the combined Directorates total averages 77.98%. KPI 436 FFT Response rate target is 15% compliance with an average of only 3.80%. KPI 477 Clinical Supervision targets 90% completion and averages 79.15%. Overall the Trust is safe, but the mentioned KPIs need sustained focus to ensure targeted completion.

3.1.5 The use of bank and Agency as part of the staffing numbers for wards is measured against a maximum 30% criteria for fill rates per month. Wards above 30 % fill rate for temporary staffing are rated red. 5 wards reported above 30% for this KPI – see **Appendix B**. The predominant reasons for temporary staffing use are vacancy, escalated ward complexity and sickness.

## 3.2 NHS England Safe Staffing Report

3.2.1 Safe Staffing returns are measured within a defined parameter of below 80% and above 120% for each skill mix, on days and on nights. Wards reporting above and below these parameters are highlighted red on the report for fewer than 80% and yellow on the report for over 120% – see **Appendix A** for details.

3.2.2 Ward returns within the defined 80% - 120% parameters are defined as safe.

3.2.3 Reasons for falling below 80% are due to the following factors:

High Vacancy Factor

High Sickness Rates

Imbalanced Skill Mix

During December 2018 no inpatient wards reported combined average staffing rates below 80% - see **Appendix A**.

3.2.4 Reasons for staffing above 120% are

Increased Ward Complexity, including enhanced levels of supportive engagement at 1:1 or 2:1 above the agreed ward establishment. This causes an immediate increase in staffing numbers.

Opening of Extra Care Areas

Wards admitting patients above set numbers

Imbalanced Skill Mix

During December 2018 7 (Seven) inpatient wards reported combined average staffing rates above 120% - see **Appendix A**.

3.2.5 Where wards (4) have been under staffed with qualified staff, backfill with unqualified staff ensures Safe Staffing numbers are maintained. When the two aggregate scores are added together they will generally exceed the 80% minimum for total staff on the ward – **See Appendix C**

### 3.3 Care Hours Per Patient Day

3.3.1 Care Hours Per Patient Day (CHPPD) are reported within the same template as Safe Staffing numbers – see **Appendix C**. During December 2018 all wards recorded Qualified CHPPD hours at the minimum 2 hours per day or above.

3.3.2 CHPPD hours are based on the acuity levels of individual patients admitted to inpatient wards. The purpose of this measure is to ensure patients are receiving the recommended hours per day support from staff to aid their recovery. Current CHPPD levels are an average of patients per day admitted to the ward at 23:59, multiplied by the number of days in the month. This figure is divided by the number of hours worked by clinical staff.

$$\frac{\text{Number of Patients} \times \text{Days in the month}}{\text{Hours worked by clinical staff}} = \text{Care Hours per Patient Day}$$

3.3.3 The Trust has access to the NHS Improvement national statistics for CHPPD with November 2018 the latest published data set.

3.3.4 The Trust ranks 84<sup>th</sup> nationally out of 216 Trusts that provided CHPPD returns to NHSI for November 2018.

3.3.5 Of 24 identified Mental Health Trusts Devon Partnership Trust ranked 18<sup>th</sup> for CHPPD – see **Appendix D**.

3.3.6 As a member of the Devon Sustainability and Transformation Partnership (STP) the Trust ranked 1<sup>st</sup> see table below:

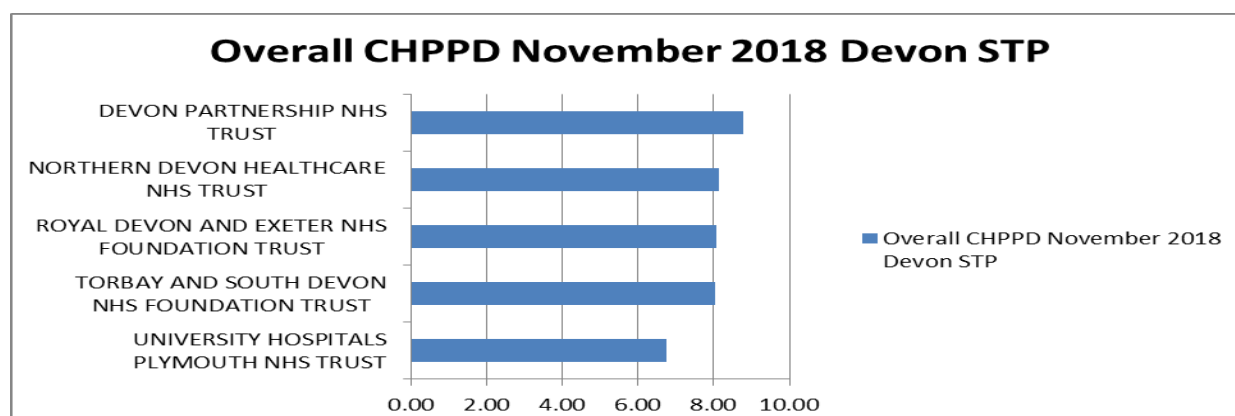


Table 2 Overall CHPPD November 2018 Devon STP

### 3.4 Agency Cap

3.4.1 The Trust Cap rate for 2018-2019 was set at £3,734k for all professions.

3.4.2 The forecast overspend is £180k based on the projection at Month 9.

	Spend to Date	Forecast Spend	Target	Over/(Under) Target
Adult	1,014,163	1,522,825	935,892	586,933
OPMH	366,168	502,575	495,977	6,598
Secure	790,958	1,042,310	967,231	75,079
Specialist	373,215	492,735	462,151	30,584
HQ	274,903	354,261	372,749	(18,488)
Contingency	-	-	500,000	(500,000)
	<b>2,819,408</b>	<b>3,914,705</b>	<b>3,734,000</b>	<b>180,705</b>

The target for the Cap to date (prorate) is £2,800,500.

3.4.3 Overspend break down is between Nursing and Medical as the two largest users of agency staff to primarily fill long term vacancies and ad-hoc shifts at short notice. The Directorate with the highest overspend is the Adult Directorate at £586k. The breakdown for this Directorate is £796k for Nursing and £726k for Medical. Directorate data is presented in Appendix E.

### 4. Recommendations:

- 4.1 The Trust Executive Committee receive the Safer Wards report and the analysis of the data.
- 4.2 The board to be assured that inpatient wards are safely staffed at all times, that when breaches with skill mix are identified; they will be mitigated with a ratio of increased unregistered staff.
- 4.3 The Board to be assured of the continued controls implemented by the Safe Staffing Team, including validation of agency requests, agency negotiation and effective rostering of healthcare staff.
- 4.4 The Trust Executive Committee are assured that all reporting to NHS England is compliant and reflective of Trust performance.

#### Compiled by:

Chris Burford - Deputy Director of Nursing and Practice & Safer Staffing Team

#### Presented by:

Paul Keedwell – Executive Director of Nursing and Practice

#### Date:

25 January 2019