

Board of Directors – October 2016

Title of enclosure: Safe Staffing levels for the adult in-patient wards, including Children’s Services and the Women’s Health Unit

Author: Lynn Andrews, Director of Nursing and Patient Care

Lead director: Lynn Andrews, Director of Nursing and Patient Care

Board action(s) required: (✓)							
Information	✓	Discussion	✓	Decision		Approval	

Summary briefing / key issues:

Trust boards are required to undertake an annual nurse staffing review with evidence that this is developed using a triangulated approach i.e the use of evidence based acuity tools, professional judgement and comparison with peers and should be followed up with a comprehensive staffing report after 6 months to ensure plans are still appropriate.

A detailed skill mix review was undertaken and presented to Board in April 2016. This report presents the six monthly follow up. It outlines the approach that is taken to ensure that there is sufficient nursing capacity to meet the needs of patients and to maintain safe staffing.

Nationally recognised acuity tool is used across the wards, with the latest completed in July and August 2016. The average acuity data has identified that there are differences between the nursing acuity and the nursing establishments.

There are two areas where establishment is below acuity; Murphy and Durrant ward and three areas where the acuity is noticeably above establishment; Eastwood, Manvers and EMU/CDU. The Emergency Department has seen an increase in activity and acuity which demonstrates a need to increase the staffing compliment. A benchmarking process demonstrates ED staffing position is below other trusts staffing numbers.

The emphasis is on safe patient care and not the number of available staff per patient. There is national evidence of an increased risk of harm to patients associated with a ratio of 1 registered nurse to 8 (or more) patients during day hours. On the acute adult wards at CRHFT during the day shift all of the wards work with a ratio of less than 1:8 patients. The recommended skill mix ratio across adult in patient areas is 65:35 (qualified to unqualified), the majority of the adult in patient areas at CRHFT work at around a 60:40 qualified to unqualified split.

Outcome indicators comparing performance during April to August 2016 against the same period the year before shows:

- Hospital acquired C. difficile infections per 1,000 bed days shows a 66% reduction (reduced from 3 to 1)
- Number of falls overall shows a 20% reduction and falls with harm shows a 16% reduction
- Number of hospital acquired pressure ulcers (grade 2-4) shows a 74% reduction

- The proportion of patients identified with a new harm via the Safety Thermometer shows a 47% reduction
- FFT Inpatient and day-cases, the % of patients who would recommend shows a 1.1% decrease

However, feedback via Family and Friends Test (FFT), National Patient Survey and Your Voice around patient and staff experience has highlighted concerns regarding nurse staffing levels. There are a number of steps taken daily to manage the variances with nurse staffing levels to patient needs.

Conclusion

This paper focuses on a review of staffing establishments through an assessment of acuity, professional opinion and triangulated with quality indicators to ensure safe staffing levels are built into ward budgets.

There are three areas of note which are highlighted as requiring additional consideration for further uplift in their nursing establishment namely: Emergency Care, Manvers and EMU/CDU. The Hospital Leadership team have requested a supporting paper outlining the case for additional nurse staffing requirements is be presented to their meeting in November. The will outline the entire staffing requirements to meet the ED Improvement plan as opposed to nursing needs in isolation.

Taking this into consideration, the Director of Nursing and Patient Care is satisfied that the establishments are within acceptable levels; recognising that further work is currently being undertaken across Medical and Emergency Care Division to review the nurse staffing levels and workforce requirements.

Board are asked **to note**:

- the content of the report
- the further work being undertaken in Medicine and Emergency Care to review establishments in ED, EMU/CDU and Manvers ward
- the on-going work being undertaken to review workforce models

Board are asked **to approve**:

- the recommendation to maintain the current establishment levels

Related strategic objective(s) and board assurance framework risks: (✓)

- 1 Giving high quality, safe and person centred care
- 2 Deliver sustainable, appropriate and high performing services
- 4 Support and develop our staff

- | | |
|-------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 1 Provide high quality, safe and person-centred care |
| <input checked="" type="checkbox"/> | 2 Deliver sustainable, appropriate and high-performing services |
| <input type="checkbox"/> | 3 Developing existing and creating new partnerships for the benefit of patients |
| <input type="checkbox"/> | 4 Support and develop our staff |
| <input type="checkbox"/> | 5 Manage our money wisely, foster innovation and improve efficiency |
| <input checked="" type="checkbox"/> | 6 Provide an infrastructure to support delivery |

Other specific risks relating to this item:

Maintaining safe, high quality and cost effective nursing staffing levels (ID No. 1507)

Link to the committee's terms of reference (committee papers only):

Financial impact:	Through better understanding of staff resourcing and allocation to assist in reducing the financial impact.
Equality impact:	
Environmental impact:	
Partnership working:	
Management assurance	



Report to the Board on the safe staffing levels for the adult in-patient wards, including children's services and the women's health unit

1. Introduction

Trust boards are required to undertake an annual nurse staffing review with evidence that this is developed using a triangulated approach i.e. the use of evidence based acuity tools, professional judgement and comparison with peers and should be followed up with a comprehensive staffing report after 6 months to ensure plans are still appropriate.

- 1.1 A skill mix review was undertaken and presented to Board in April 2016. This report presents the six monthly follow up report. It outlines the approach that is taken to ensure that there is sufficient nursing capacity and capability across the in-patient areas to meet the needs of patients and to maintain safe staffing.

2. Nursing and Midwifery establishment review

- 2.1 Every year Trust boards are required to undertake an in-depth review of nurse staffing requirements using evidence-based tools where available. It is recommended that a number of approaches are used from acuity based tools which measure patient's acuity/dependency, supported by professional judgement and benchmarking. This approach is also recommended by National Institute Clinical Excellence (NICE) guidance (2014).
- 2.2 A National Quality Board recommended tool is the Safer Nursing Care Tool (SNCT) which has been in use at Chesterfield Royal Hospital Foundation Trust (CRHFT) since June 2014. Data was collated monthly for the first year (June 2014 to June 2015) to achieve a base line position and is now completed every three months in line with national guidance. The latest data collection occurred in July 2016 and underwent a robust validation exercise.
- 2.3 There is currently no national guidance as to an evidence based tool for use in Emergency Departments(ED), The Safer Nursing Care tool used within the trust is not suitable to use in ED departments. Therefore, this paper does not describe an acuity for ED. There are separate tools for use in Midwifery, paediatrics and transitional care which are described in the paper.

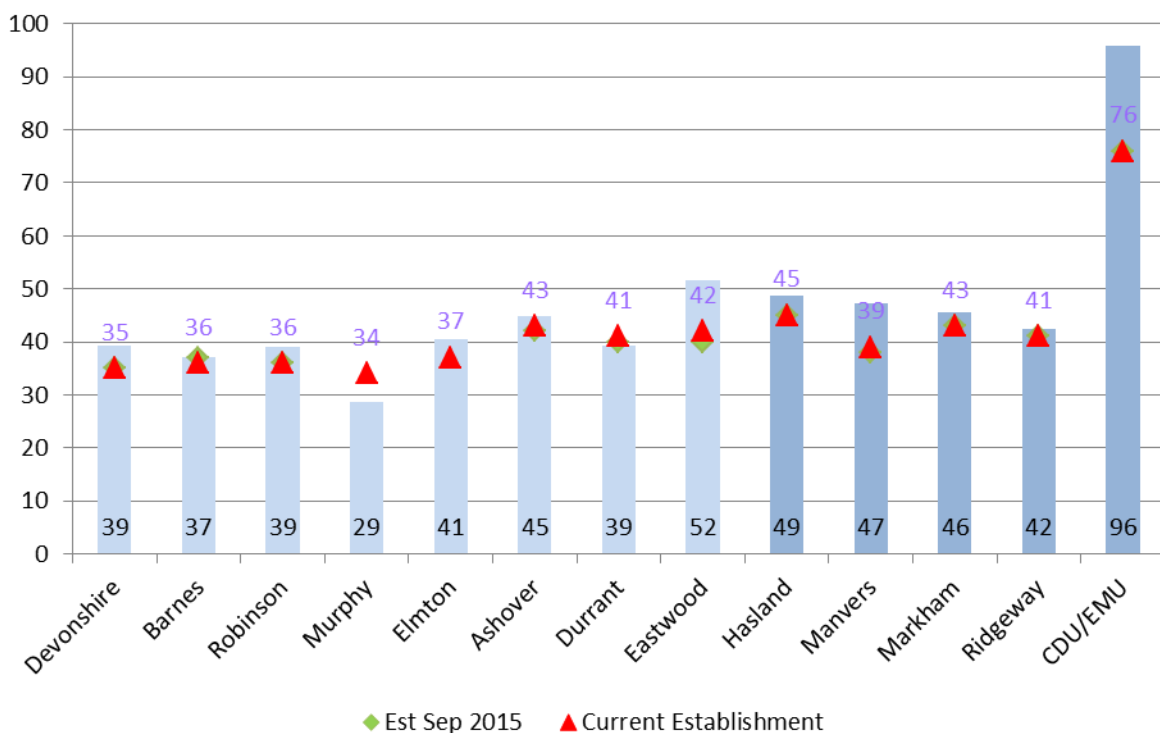
3. Acuity – Adult Wards/Departments

- 3.1 The acuity data using the SCNT tool (graph 1) below has identified that there are differences between the acuity and dependency of patients versus the agreed establishment across the wards. The acuity over the course of the previous 6 months has remained consistent fluctuating at most by a score of one.
- 3.2 The SCNT acuity for Murphy and Durrant ward remains the same as previously reported which is lower than funded establishment. All other wards acuity is above establishment. On all wards acuity has dropped by a score of 1 since the previous report 6 months ago apart from EMU/CDU which has increased by a score of 1. It is therefore reasonable to conclude that acuity remains consistent.

- 3.3 Murphy ward was remodeled as a combined surgical and orthopaedic short stay ward in December 2015. It has a fast pace and high patient turnover with an average length of stay of no more than 72 hours. A limitation of the SCNT tool is that it does not capture patient turnover and therefore cannot reflect fully the nursing establishment requirements of such wards. This pace of activity warrants a higher nursing establishment than the acuity implies. There are no plans to alter the establishment as a result of the acuity monitoring however there is a workforce to introduce the nursing associate role and Band 3 HCA where appropriate. Murphy ward is in consideration for this plan.
- 3.4 Durrant ward is an acute frailty/care of the elderly ward which has a high patient turnover following rapid assessment and interventions and the limitations of the SNCT tool equally apply to this ward. There have been times throughout the previous 6 months where additional beds (up to 3) have been opened on Durrant ward to assist with trust capacity and they are also high users of the enhanced nursing support team. There are no planned changes to the establishment currently.

Graph 1

**Mean Acuity & Establishment
Dec 2014 to Jul 2016**



Notes

Changes in the establishment are shown between Sept 2015 (green triangle) and the current establishment (red triangle). The value for the current establishment is shown at the top of each column. The value at the bottom of each column is the mean acuity – where the column is above the establishment marker, the acuity for the ward was greater than the establishment.

- 3.5 There are three medical wards of note where their acuity exceeds their current budgeted establishment; Eastwood, Manvers and EMU/CDU.
- 3.6 Eastwood ward is the Trust stroke unit and has 2 hyper acute beds, 14 acute beds and 20 rehabilitation beds which do flex depending on the case load requirements. The ward also has a number of Allied Health Professionals (AHP) who undertake daily living assessment, mobilisation and support with manual handling. The AHP staff are not included within the establishment shown in Graph 1.

- 3.7 The wards ratio of nurse to patient is 1:7 patients during the day which is consistent with national recommendations; at night this is 1:12. While there are no nationally recommendations for safe staffing numbers at night staff feel that additional staff are required especially when a registered nurse is required to attend ED to assist with thrombolysis for an acute stroke admission. A three-month audit to assess the frequency showed the occurrences ranged from 25 referrals to 4 in a week. The time and length the nurse was off the ward varied. The Head of Nursing has looked at alternative models of working with the stroke unit to ensure staffing levels remain safe when a registered Nurse (RN) is required to leave the department to assist in ED including training ED nurses with the skills to treat stroke patients. However, given the challenges with staffing, ED performance and patient flow this has not proven successful. The ward does seek the support of the Enhanced Nursing Support Team on a regular basis.
- 3.8 The nursing establishment was benchmarked against other stroke units and showed CRHFT staffing levels to be lower in comparison.

Table 1

	CRHFT (36 beds 3 Hyper acute)	Royal Derby (34 beds, 4 hyper acute)	Queens Hospital Burton (27 beds)	Nottingham Hospitals (16 beds)
Stroke Unit	41.48 wte	57.76 wte	43.4 wte	27.11 wte

- 3.9 The newly appointed Matron is reviewing the establishment to update the benchmarking and consider how best to meet the unpredictable thrombolysis service. There is a strong response from staff in the staff survey although the incidence of falls remains higher than national position (appendix1).
- 3.10. Manvers ward has 10 acute cardiology beds (CCU) and 22 adult cardiology beds. The ward also has telemetry facilities within the bed base. Comprehensive Critical Care (2010) recommends levels of nurse staffing for critical care and high dependency patients. It defines level 2 care as patients having single organ support (excluding mechanical ventilation) such as renal hemofiltration or inotropes and invasive BP monitoring (arterial lines). The trust is not commissioned to provide Level 2 CCU care however there are patients who are admitted to Manvers CCU who are hemodynamically unstable, have pericardial effusions, acute arrhythmias and pulmonary embolisms. Patients who require defined CCU care are transferred to Sheffield directly from the Emergency department or are conveyed directly to a CCU bypassing the Trust ED. Notwithstanding this, patients on the CCU ward do often require more intense staffing support.
- 3.11 On review the Head of Nursing has assessed that there are the correct number of registered nursing staff on duty during the day and within the 22 ward beds at night however the acuity of the patients in the CCU beds on occasions requires additional staff. This is especially so when patients require a trained nurse escort for transfers or a pacing is required.
- 3.12 Manvers has also raised 14 red flags since April 2016 for issues relating to patient acuity, predominantly admissions to CCU and when shifts are not filled by NHSP. This also has an impact of staff breaks. Harm free care indicators are generally good with no lapse in care being identified for any recent pressure ulcers.
- 3.13 The Medical and Emergency Care Division have developed a workforce model that they feel will meet the needs of the ward for the immediate future which includes an uplift in the night shift by a registered nurse/shift. The case of need to increase establishment will be considered at Hospital Leadership Team meeting in October.

- 3.14 EMU/CDU is a 54 bedded combined unit which accepts medical and surgical emergencies from ED and GPs for assessment, stabilisation and transfer for onward care or discharge. There is also an outpatient ambulatory care facility attached to the ward which investigates and treats patients; preventing the need to admit to an inpatient bed.
- 3.15 There is no national recommended acuity/dependency tool for use when establishing an acuity for such units. Therefore, it is not clear if a relationship can be drawn between the SCNT and actual establishment requirements. However, EMU and CDU have undertaken acuity monitoring using the SNCT separately for 3 consecutive periods which have all demonstrated acuity is higher than establishment. Registered nurse staff to patient ratio is 1:4 during the day and 1:8 during the night shift.
- 3.16 There has been an increase in the total number of admissions to the unit over the 24 hour period and a significant increase overnight in the last year. Staff have felt that the increase in admissions out of hours has had a significant impact on their ability to provide effective quality and compassionate care with staff not being able to take their breaks and leaving work late.
- 3.17 EMU are the highest reporters of red flags within the Medical Division. Some of these are for reduced staffing levels with the main concern that the establishment levels are no longer able to meet the needs of the patients attending the department and as a result of opening ambulatory care overnight to create additional capacity with limited additional staffing resource.
- 3.18 The nursing establishment was benchmarked against other units and showed CRHFT staffing levels to be comparable during the day but lower at night. Feedback from these units also found that the FI takes the GP referrals and in some the Single Point of Access (SPA) team took referrals as well which is a different model to CRHFT.

Table 2

CRHFT (EMU/CDU) 54 beds	Northern General (EMU only) 56 beds	Rotherham (EMU/SAU) 46 beds	Kingsmill (EMU) 52 beds
Day: 14 RN & 6 HCA	Day: 14 RN & 6 HCA	Day: 9 RN & 4 HCA	Day: 8 RN & 8 HCA
Night: 7 RN & 4 HCA	Night: 14 RN & 5 HCA	Night: 9 RN & 4 HCA	Night: 8 RN & 8 HCA

- 3.19 The Division has supported a temporary increase in staffing levels from 7 registered nurses to 9 at night during these high demands within the department which has seen a reduction in red flags as a result of low staffing levels.
- 3.20 The Medical and Emergency Care Division have developed a workforce model that they feel will meet the needs of the ward for the immediate future. This looks to increase the registered nurse compliment by 9.3 wte which addresses the temporary increase in place. The case of need to increase establishment will be considered at Hospital Leadership Team meeting in October.
- 3.21 There are two departments where the SNCT acuity tool cannot be applied; Emergency Department and Elizabeth ward.
- 3.22 Elizabeth ward is a 16 bedded transitional care ward for patients who are medically fit for discharge but require complex discharge packages either in their own homes or in further healthcare settings.

The ward expanded its bed base in December 2015 to 25 beds to support seasonal pressures. The additional beds have been reducing back to 16 over the course of the last month.

- 3.23 The ward has highly dependent patients often with complex behavioral needs requiring increased levels of supervision. Therefore, a tool known as Northwick Park has been utilised. This tool is more suited to assessing the level of input required for patients such that it is based on dependency rather than acuity. The dependency tool was implemented when the additional beds were open on the ward and therefore may not provide an accurate reflection of ward dependency. The data suggest the ward may need a further 3 wte HCAs however the staff do not feel additional HCAs are required. Apart from falls incidence the quality indicators are generally good. The Head of Nursing is monitoring the compliance with falls bundle and observing the incidence as a result of the bed base and dependency reducing back to establishment levels.
- 3.24 The Emergency Department has 10 stretchers, 2 pit stop rooms, 3 cubicles, 1 adolescent cubicle and 2 paediatric cubicles, one 3 bedded and 1 single bedded paediatric resuscitation rooms. There are 4 'see and treat' rooms at the front of the department to triage and treat minor injuries. In June the trust commenced a program of building works to increase capacity within ED which added a further 5 cubicles.
- 3.25 Attendance in ED can be extremely variable, in the range of 160 to 250 and acuity does not always link to attendance making staffing levels sometimes difficult to predict. The number of attendances has continued to increase in recent months as has the acuity of patients attending.
- 3.26 ED has piloted different shift patterns over the last year and has implemented a defined shift pattern that supported attendance figures, the time the patients are in the department, acuity and dependency (where able). However, as the pattern has continued to shift, the attendance has increased, complexity and challenges of patient case mix altered, the department has continued to review how else it can support safe care within the current establishment. Currently when the department are facing high demand staff from other areas are sent to support the ED with comfort rounds and observations. Extra staff have been requested however it is not always possible to fill these shifts with specialist bank staff.
- 3.27 The Division have reviewed the BEST and JONES acuity tools used by some other trusts however guidance has indicated that those departments that are part of the Vanguard pilots are now using a dynamic priority scoring system. Leicester and Nottingham are two such areas now using this tool. This was launched in September and categorises patients in relation to the priority they need to be seen by the medical staff and the level of nursing care required. The sum total of these scores will provide an indication of the acuity and assist to develop an establishment in keeping with the departments existing needs. The department will be introducing this scoring system and will collect data to further assist in determining the staffing requirements and shift patterns to meet acuity trends (if identified).
- 3.28 The ED nursing establishment was benchmarked with other local units (Table 3). While it is recognized the units reviewed are not an equivalent type of ED department comparisons can be drawn. The data demonstrates CRHFT staffing levels to have comparable registered nurses during the day and night however there is lower HCA staff across all shifts. It can also be seen that some units have additional staff working during the mid-shift which CRHFT does not have within their establishment.

Table 3

Hospital	Daily attendance average	Qualified staff Day/night	Unqualified Day/night	Clinical Governance	Clinical Educator	ENP	ANP 8a/7
Chesterfield Royal Hospital	200+	9/8	4/3 + chaser 3 days	No	0.3 wte	1 (8am-10pm)	No
Leicester Royal Infirmary	460+	23/26/23	13/13	0.8wte	0.8wte (for division)	2 (8am-2am)	5/4
Royal Derby Hospital	400	14/14 +twilight	7/7 +chaser	No	0.8wte band 8a + 1 day band 7	5 wte	6/6
Rotherham Hospital	230	10/10	5/4	0.8wte	1 wte band 8a	2 (10am-10pm)	3/0
Kingsmill Hospital	300	9/12/8 + twilight	8/9/4+ twilight	No	1 wte	4 weekdays (8am-2am) 5 weekend	3 daily 7am-12pm

4. Midwifery Establishment

- 4.1 Birthrate plus is a framework for workforce panning and decision making for maternity services. Birthrate Plus is currently endorsed by NICE and the only workforce planning tool available to maternity services.
- 4.2 The Trust repeated Birthrate Plus in 2016. Birthrate Plus recommended 108.2 wte staff are required to provide clinical care across all areas of the maternity service. Birthrate Plus suggest that 90% of these staff should be registered band 5 to 7 midwives and 10% could be band 3 to 4 unregistered staff. The skill mix % is not a recommendation of Birthrate Plus, but a rationale for having a sensible skill mix that does not reduce the midwifery establishment to an unsafe level.
- 4.3 When applying this skill mix to the staffing recommendations for the maternity service provided by the trust, 97.38 wte registered midwives and 10.82 wte un-registered support staff are required. The current funded establishment for midwives to provide direct clinical care is 96.66 wte.
- 4.4 There are currently no staff undertaking support role at band 3 or 4 to facilitate the skill mix suggested by Birthrate Plus. However, 6 wte band 3 Midwifery Support Workers have recently been recruited and are due to commence in post in November/December 2016. Therefore, the current deficit between Birthrate Plus recommended and actual staffing level for registered midwives is 0.72 wte, and for band 3/4 un-registered support staff is 4.82 wte.
- 4.5 The introduction of the midwifery support worker role into the community midwifery service is expected to release a significant amount of midwife time. It is anticipated this time can be re-deployed into hospital based care. An audit of times when additional staffing support was needed identified the most frequent time was between 6pm and midnight on the birth centre. It is therefore proposed to pilot a twilight shift on the birth centre using the midwife time released from the community services.

A comprehensive evaluation of the first cohort of midwifery support workers will be undertaken to assess the impact and the feasibility of recruiting additional MSWs for other areas.

5. Midwife to Birth Ratio

- 5.1 The midwife to birth ratio, based on the number of women who gave birth between April 2015 and March 2016 (2871) is 1 to 29. The national average is 1 to 29.5. However, this indicator of staffing levels fails to include non-birth activity and women for whom the Trust provided community based antenatal and postnatal care, who receive their intrapartum care from another provider. While a Midwife to birth ration is still commented on widely the midwifery staffing levels are now measured on the birth rate plus standards.
- 5.2 Midwifery Red Flag Event reporting was implemented in October 2015, in line with the NICE recommendations. A Midwifery Red Flag Event is an indication that midwifery staffing levels may be inadequate. There were 68 reported red flags between 1st April - 30th September 2016. These related to a range of issues for example delayed medication and the supernumerary midwife in charge being allocated to care for patients when staffing levels required their support.
- 5.3 There have been no occasions when admissions to the maternity service have been suspended, and no occasions when the homebirth service has been suspended.
- 5.4 There have been 2 clinical incidents in the maternity service that were classified as meeting the criteria to be reported to STEIS. In neither case, inadequate midwifery staffing levels was not identified as a contributing factor.

6. Paediatrics Establishment

- 6.1 The Neonatal Unit nursing staffing levels is based on the British Association of Perinatal Medicine (BAPM) guidelines. The Royal College of Nursing (RCN) Guidelines 'Defining Staffing levels for Children and Young People's Services' provide national accepted guidelines on which nursing staffing levels within acute Paediatrics are measured.
- 6.2 **Neonates**
- 6.3 The cot bed base is split into 11 special care, 2 intensive care and 1 High dependency cot. The occupancy is variable and has shown a lower fill over the last few years with uncertain aetiology. This may be linked to the full implementation of the National Toolkit requirements for all infants to be cared for on a level 3 unit; CRH being a level 2 unit.
- 6.4 The nursing staffing levels within the Neonatal Unit are broadly compliant with the requirements within BAPM guidelines. The only area of non-compliance in nursing relates to the ability to ensure that the nurse in charge is supernumerary throughout a working shift; this is achieved in the mornings but not the rest of the day. Compliance shows a move from 87% in April 2016 to 100% in June and July.
- 6.5 The cot reduction implemented in January 2015 was revisited in September 2015 and increased back to 12 cots in November i.e. 3 critical care cots, and 9 special care cots. This is suggested by occupancy to closer meet actual need. Whilst there has been occasional incidence of increased need this has been working well with current occupancy running at 80% on average.

Table 4

Location Name	Incomplete shifts	% shifts Staffed to toolkit	%shifts QIS to toolkit	%shifts with Team Leader	% Nursing shifts covered by Bank	Avg (Mean) Variance from compliance	Avg (Median) Variance from compliance	Additional nurse shifts needed to make all shifts compliance
Chesterfield	0	76.91	89.89	4.78	0.98	0.77	0.8	67.6
Rotherham	0	50.68	78.55	7.24	2.14	0.24	0.1	298.7
Barnsley	0	76.91	90.3	0	.77	.86	.9	92.3
Doncaster	0	67.22	89.99	0.55	1.26	0.62	0.5	155.2

6.6 Local benchmarking (Table 4) confirms that Chesterfield compares well in terms of staffing levels to units of other similar caseload and designation. Bank/agency use remains minimal and non-compliance to ensure a supernumerary band 6 is on every shift is comparable to other providers.

6.7 Acute Paediatrics

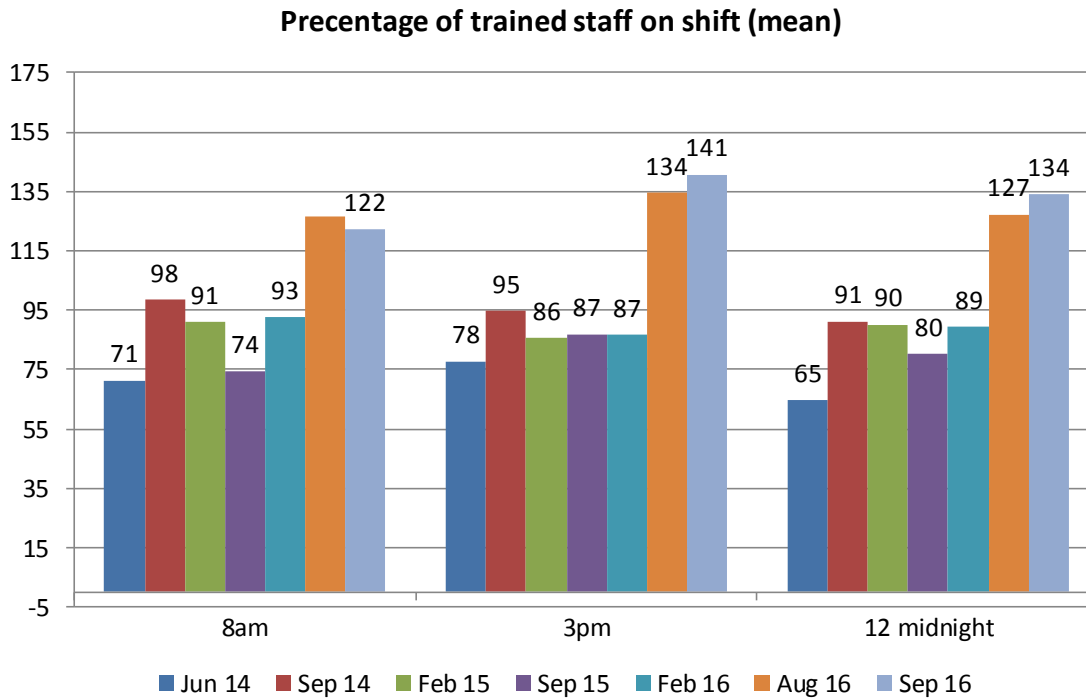
6.8 The ward is commissioned to provide 20 in patient beds across a 7 day week with two HDU level 1 beds and 6 day care beds, 12 hours a day, 5 days a week. When staffing establishment runs at full capacity there is some geographical flexibility to open a small number of additional beds when required and staffing numbers allow.

6.9 The staffing levels set are compliant with nationally accepted guidelines for children’s acute in patient wards. Vacancies and high levels of maternity leave resulted in a deteriorating position in September 2015. February 2016 started to see an improvement in available staff to meet activity and patient needs.

6.10 The graph below (graph 2) shows an unexpected return to activity reminiscent of ten years ago and it is hard to establish fully why this is occurring and if it will continue. The data below should be viewed comparatively with caution as in acute paediatrics August is not a realistic comparator to other months of the year as activity very much slows annual and intermittent seasonal trends.

6.11 The data demonstrates that there are more staff available than required for the number of patients and activity demands. As a result of this, vacancies have been held and not back filled. More recently Nightingale ward have been receiving ED attendances directly to the ward to assist with ED performance and flow. This is may be having an impact on admission numbers although they appear fairly consistent for the month audited.

Graph 2



7. Staff to Patient Ratio Review

- 7.1 There is no single nurse staff-to-patient ratio that can be applied across all adult inpatient wards. The emphasis is on safe patient care and not the number of available staff per patient. However, there is evidence of an increased risk of harm to patients associated with a ratio of 1 registered nurse to 8 (or more) patients during day hours. There is no recommended staffing ratio for night duty, although the Royal College of Nursing (2009) noted that a ratio of 1:11 would be reasonable, however, this has not been adopted by NICE.
- 7.2 On the adult wards at CRHFT during the day shift all of the wards work with a ratio of 1:8 patients. With the exception of the Elizabeth ward which is modelled on transitional care, this ward runs at 1:8 during the day shift ward. This has not altered since the in the preceding report.

8. Skill Mix Review

- 8.1 The recommended skill mix ratio across adult in patient areas is 65:35 (qualified to unqualified), with this being higher in areas such as Intensive Care Units, Emergency Departments and Acute Assessment areas. At CRHFT the nursing skill mix varies with the majority of the adult in patient areas working broadly at a 60:40 qualified to unqualified split.(see appendix 2)
- 8.2 As part of the skill mix review an analysis was completed regarding the percentage of staff that have been qualified more than two years and those qualified less than two years.

The results of this demonstrate a high level of staff that have been trained longer than 2 years. It is acknowledged that although it is beneficial to undertake this exercise, it is limited in relation to the amount of assurance that can be given. For example: you could have a staff member who has been qualified for a number of years but has not acquired the necessary clinical or managerial competencies.

8.3 As a result of the skill mix review a staff nurse developmental framework, including managerial objectives with both specific and generic clinical skills and competencies was implemented from April 2016. This provides clear identified levels of proficiency throughout the breadth of the staff nurse role with clear timescales involved for achieving levels of expertise and competence.

9. **Enhanced Nursing Support Team**

9.1 The Enhanced Nursing Support team (ENST) commenced working on the wards in December 2015 in a phased approach as the team was recruited to. This is a dedicated team of HCA's that provide a level of increased supervision to patients, predominately with severe dementia, cognitive problems, high risk of falls, and alcohol related withdrawals. The team have received specific training and reside in a virtual ward managed by the Older People's Matron; this provides a flexible workforce with staff being allocated on a shift by shift basis.

9.2 This followed a review of the model of care delivery for patients who required one to one care, which highlighted a heavy reliance on temporary staffing with considerable variation in practice and associated costs. The team was noted to be an area of good practice during the CQC inspection in July 2016.

9.3 It is noted in the Lord Carter review *Operational Productivity and Performance in English NHS acute hospitals: unwarranted variations* (2016), that by October 2016 all Trusts should be implementing the guide on enhanced care which is currently being developed by NHS Improvement as an improvement priority.

CRHFT have already made significant progress in implementing such a model, however once the guidance is produced from NHS Improvement this will need to be reviewed, considered and potentially modified.

9.4 There is a robust assessment criteria and the process for requesting, approval and daily review of patients requiring enhanced supervision by the Older Peoples team. In addition as the Older Peoples team complete daily reviews of the patients de-escalation of care happens at an appropriate time which would otherwise have potentially continued.

9.5 Early results indicate that the team is having a positive impact both on the quality of care and patient experience.

9.6 A full evaluation of the benefits of the team is being presented to Transformation Steering Group and HLT in November. The demand for enhanced nursing support from the wards has exceeded capacity of the ENST; therefore it is recommended that the ENST is expanded.

10. **Outcome Monitoring**

10.1 There are a number of quality outcome measures that are monitored which should be consider in conjunction with nurse staffing levels (appendix 1)

10.2 Outcome indicators comparing performance during April to August 2016 against the same period the year before shows:

- Hospital acquired C. difficile infections per 1,000 bed days shows a 66% reduction (reduced from 3 to 1)
- Number of falls overall shows a 20% reduction and falls with harm shows a 16% reduction
- Number of hospital acquired pressure ulcers (grade 2-4) shows a 74% reduction

- The proportion of patients identified with a new harm via the Safety Thermometer shows a 47% reduction
- FFT Inpatient and day-cases, the % of patients who would recommend shows a 1.1% decrease

10.3 Qualitative measures regarding patient and staff experience have also been taken into account when reviewing staffing establishments and the impact staffing may have on patient harms, patient and staff experience.

10.4 There has been a marked improvement in the reduction of patient harms and the focus within the quality strategy on reducing in patient falls is evidenced through the incidence of falls per thousand bed days being above the national position in most wards.

10.5 Although we have positive feedback from our patients, a feedback theme from the Friends & Family Test (FFT) is around the wards/departments needing more staff. Also patients have reported via the national patient survey that they did not feel that there was enough staff on the wards. In addition, from a staff perspective the FFT, Your Voice (2016) outline concerns about nurse staffing levels and the pressure felt by the high activity levels.

11. Managing Staff Variance

11.1 There continue to be vacancies across most adult in patient wards with recruitment plans mapped out to March 2017. National and international recruitment continues to assist the trust appoint staff to fill identified vacancies however this remains a challenging position both locally and nationally. In conjunction with the need to use temporary staffing to fill vacancies and short term sickness the increase in trust capacity has also led to additional reliance on temporary staffing through the use of the Bank (NHSP) and agency.

11.2 To address the day to day demands to meet safe staffing compliance a number of operational steps are taken on a daily basis to manage the variance in nurse staffing levels to patient needs which are highlighted below.

11.3 There are a number of ways that variances with nurse staffing levels are managed to ensure wards are staffed safely, these are:

- Utilisation of the Enhanced Nursing Support Team (ENST), section 1.23
- Use of additional temporary staff, both qualified and unqualified
- Matrons who are supervisory to the ward staffing numbers, working within the staffing establishment
- Moving staff across the trust
- Reduction in staff education/training

The Lord Carter, 2016 paper outlines that there will be national measures of nurse staffing - Care Hours Per Patient Day (CHPPD) which will measure care according to how much time nursing staff spend with patients. This was implemented in a 'phase in' form from June 2016; however there is no national benchmarking data available at present. The National Quality Board's, refreshed guidance issued in July identifies a Model Hospital dashboard will be available to review staffing measures, quality data and staff experience soon however this is not yet publically available.

12. Conclusion

12.1 This paper focuses on a review of staffing establishments through an assessment of acuity, professional opinion and triangulated with quality indicators to ensure safe staffing levels are built into ward budgets.

- 12.2 There are three areas of note which are highlighted as requiring additional consideration for further uplift in their nursing establishment namely: Emergency Care, Manvers and EMU/CDU. The Hospital Leadership team have requested a supporting paper outlining the case for additional nurse staffing requirements is be presented to the trust HLT in November. The case needs to outline the entire staffing requirements to meet the ED Improvement plan as opposed to nursing needs in isolation.
- 12.3 Taking this into consideration, the Director of Nursing and Patient Care is satisfied that the establishments are within acceptable levels; recognising that further work is currently being undertaken across Medical and Emergency Care Division to review the nurse staffing levels and workforce requirements.

13. Recommendations

13.1 Board are asked **to note**:

- the content of the report
- the further work being undertaken in Medicine and Emergency Care to review establishments in ED, EMU/CDU and Manvers ward.
- the on-going work being undertaken to review workforce models

Board are asked **to approve**:

- the recommendation to maintain the current establishment levels

Lynn Andrews
Director of Nursing and Patient Care

October 2016

Apr-16

Indicator		Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample	Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase	MRSAb
Ashover	Med	20	20	96	100%	21%	0
CDU	Med	106	100	318	94%	33%	0
Durrant	Med	15	14	69	93%	22%	0
Eastwood	Med	41	39	71	95%	58%	0
Elizabeth	Med	33	33	64	100%	52%	0
EMU	Med	61	58	133	95%	46%	0
Hasland	Med	38	37	98	97%	39%	0
Manvers	Med	31	29	90	94%	34%	0
Markham	Med	23	23	95	100%	24%	0
Pearson (winter wa	Med	11	11	48	100%	23%	0
Ridgeway	Med	18	18	80	100%	23%	0
Barnes	Surg	67	65	194	97%	35%	0
Devonshire	Surg	65	61	186	94%	35%	0
Elmton	Surg	28	28	126	100%	22%	0
HDU	Surg	N/A	N/A	N/A	0%	0%	0
ITU	Surg	N/A	N/A	N/A	0%	0%	0
Murphy	Surg	66	61	212	92%	31%	0
Robinson	Surg	21	21	56	100%	38%	0
CBC	W&C	48	48	216	100%	22%	0
Nightingale	W&C	32	32	184	100%	17%	0
Trinity	W&C	50	48	191	96%	26%	0

C diff - post 72 hour infections	C. difficile infection rates per 1,000 bed days	Number of slips, trips and falls - no harm	Number of slips, trips and falls - low harm	Number of slips, trips and falls - moderate harm	Number of slips, trips and falls - severe harm	Number of slips, trips and falls - death	Number of slips, trips and falls (per 1000 bed days)	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 2
0	#DIV/0!	10	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	1	0	0	0	#DIV/0!	0
0	#DIV/0!	12	7	1	0	1	#DIV/0!	0
0	#DIV/0!	6	2	0	0	0	#DIV/0!	0
0	#DIV/0!	6	1	0	0	0	#DIV/0!	0
0	#DIV/0!	0	1	0	0	0	#DIV/0!	0
0	#DIV/0!	8	0	0	0	0	#DIV/0!	1
0	#DIV/0!	0	2	0	0	0	#DIV/0!	1
0	#DIV/0!	6	0	0	0	0	#DIV/0!	0
0	#DIV/0!	3	2	1	0	0	#DIV/0!	0
0	#DIV/0!	8	5	0	0	0	#DIV/0!	0
0	#DIV/0!	1	1	0	0	0	#DIV/0!	1
0	#DIV/0!	0	1	0	0	0	#DIV/0!	1
0	#DIV/0!	6	3	0	0	0	#DIV/0!	2
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	9	0	0	0	0	#DIV/0!	0
0	#DIV/0!	5	2	0	0	0	#DIV/0!	1
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	1	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0

Jun-16

Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 3	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 4	Pressure Ulcers - Number of hospital acquired pressure ulcers per 1000 bed days	ST - No. of patients	ST - No. with new harms	ST - Proportion of patients with no new harm	Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample
1	0	#DIV/0!	32	0	0.0%	28	28	93
0	0	#DIV/0!	18	0	0.0%	81	80	332
1	0	#DIV/0!	29	0	0.0%	54	52	82
0	0	#DIV/0!	33	0	0.0%	22	22	57
0	0	#DIV/0!	23	0	0.0%	35	32	84
0	0	#DIV/0!	23	0	0.0%	69	68	116
0	0	#DIV/0!	32	1	3.1%	30	30	87
0	0	#DIV/0!	31	1	3.2%	16	16	72
0	0	#DIV/0!	30	0	0.0%	38	38	111
0	0	#DIV/0!	15	0	0.0%	5	4	43
1	0	#DIV/0!	31	1	3.2%	26	26	88
0	0	#DIV/0!	32	0	0.0%	62	58	189
0	0	#DIV/0!	27	1	3.7%	76	70	195
1	0	#DIV/0!	32	2	6.3%	23	22	126
0	0	#DIV/0!	5	1	20.0%	N/A	N/A	N/A
0	0	#DIV/0!	5	0	0.0%	N/A	N/A	N/A
0	0	#DIV/0!	27	0	0.0%	29	29	181
0	0	#DIV/0!	28	1	3.6%	13	13	37
0	0	#DIV/0!	10	0	0.0%	35	35	227
0	0	#DIV/0!	n/a	n/a	#VALUE!	31	30	193
0	0	#DIV/0!	9	0	0.0%	40	39	173

Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase	MRSAb	C diff - post 72 hour infections	C. difficile infection rates per 1,000 bed days	Number of slips, trips and falls - no harm	Number of slips, trips and falls - low harm	Number of slips, trips and falls - moderate harm	Number of slips, trips and falls - severe harm
100%	30%	0	0	#DIV/0!	6	1	0	0
99%	24%	0	0	#DIV/0!	2	1	0	0
96%	66%	0	0	#DIV/0!	9	1	0	0
100%	39%	0	0	#DIV/0!	8	3	0	0
91%	42%	0	0	#DIV/0!	8	2	0	0
99%	59%	0	0	#DIV/0!	4	2	0	0
100%	34%	0	0	#DIV/0!	4	3	0	0
100%	22%	0	0	#DIV/0!	3	1	0	0
100%	34%	0	0	#DIV/0!	2	3	0	0
80%	12%	0	0	#DIV/0!	4	3	0	0
100%	30%	0	0	#DIV/0!	5	2	0	0
94%	33%	0	0	#DIV/0!	6	0	0	0
92%	39%	0	0	#DIV/0!	1	0	0	0
96%	18%	0	0	#DIV/0!	6	4	0	0
0%	0%	0	0	#DIV/0!	1	0	0	0
0%	0%	0	0	#DIV/0!	0	0	0	0
100%	16%	0	0	#DIV/0!	3	1	1	0
100%	35%	0	0	#DIV/0!	7	0	0	0
100%	15%	0	0	#DIV/0!	0	0	0	0
97%	16%	0	0	#DIV/0!	0	0	0	0
98%	23%	0	0	#DIV/0!	0	0	0	0

Jun-16

Number of slips, trips and falls - death	Number of slips, trips and falls (per 1000 bed days)	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 2	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 3	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 4	Pressure Ulcers - Number of hospital acquired pressure ulcers per 1000 bed days	ST - No. of patients	ST - No. with new harms	ST - Proportion of patients with no new harm
0	#DIV/0!	1	0	0	#DIV/0!	32	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	19	0	0.0%
0	#DIV/0!	1	0	0	#DIV/0!	32	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	35	1	2.9%
0	#DIV/0!	0	0	0	#DIV/0!	20	1	5.0%
0	#DIV/0!	0	0	0	#DIV/0!	27	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	32	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	25	0	0.0%
0	#DIV/0!	1	1	0	#DIV/0!	31	1	3.2%
0	#DIV/0!	0	0	0	#DIV/0!	32	1	3.1%
0	#DIV/0!	0	0	0	#DIV/0!	32	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	33	2	6.1%
0	#DIV/0!	1	1	0	#DIV/0!	31	1	3.2%
0	#DIV/0!	0	0	0	#DIV/0!	30	1	3.3%
0	#DIV/0!	1	0	0	#DIV/0!	8	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	5	0	0.0%
0	#DIV/0!	1	0	0	#DIV/0!	27	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	26	1	3.8%
0	#DIV/0!	0	0	0	#DIV/0!	6	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	0	0	#DIV/0!
0	#DIV/0!	0	0	0	#DIV/0!	17	0	0.0%

Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample	Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase	MRSAb	C diff - post 72 hour infections	C. difficile infection rates per 1,000 bed days	Number of slips, trips and falls - no harm
15	15	111	100%	14%	0	0	#DIV/0!	0
94	90	279	96%	34%	0	1	#DIV/0!	0
50	49	112	98%	45%	0	0	#DIV/0!	0
24	24	41	100%	59%	0	0	#DIV/0!	0
27	26	100	96%	27%	0	0	#DIV/0!	0
51	50	117	98%	44%	0	0	#DIV/0!	0
30	30	91	100%	33%	0	0	#DIV/0!	0
18	18	79	100%	23%	0	0	#DIV/0!	0
35	35	94	100%	37%	0	0	#DIV/0!	0
8	5	85	63%	9%	0	0	#DIV/0!	0
19	19	59	100%	32%	0	0	#DIV/0!	0
63	60	227	95%	28%	0	0	#DIV/0!	0
50	46	161	92%	31%	0	0	#DIV/0!	0
38	37	141	97%	27%	0	0	#DIV/0!	0
N/A	N/A	N/A	#VALUE!	#VALUE!	0	0	#DIV/0!	0
N/A	N/A	N/A	#VALUE!	#VALUE!	0	0	#DIV/0!	0
72	71	193	99%	37%	0	0	#DIV/0!	0
11	11	53	100%	21%	0	0	#DIV/0!	0
42	40	212	95%	20%	0	0	#DIV/0!	0
57	55	184	96%	31%	0	0	#DIV/0!	0
44	43	172	98%	26%	0	0	#DIV/0!	0

ST - No. of patients	ST - No. with new harms	ST - Proportion of patients with no new harm	Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample	Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase	MRSAb
32	1	3.1%	18	18	96	100%	19%	0
22	0	0.0%	56	49	320	88%	18%	0
32	1	3.1%	32	32	89	100%	36%	0
35	0	0.0%	22	20	38	91%	58%	0
17	2	11.8%	12	10	78	83%	15%	0
27	0	0.0%	78	76	104	97%	75%	0
32	1	3.1%	30	30	88	100%	34%	0
31	0	0.0%	13	13	83	100%	16%	0
32	0	0.0%	53	53	130	100%	41%	0
29	1	3.4%	5	5	72	100%	7%	0
32	2	6.3%	16	15	73	94%	22%	0
30	0	0.0%	50	47	180	94%	28%	0
31	0	0.0%	63	61	199	97%	32%	0
28	1	3.6%	34	31	147	91%	23%	0
5	0	0.0%	N/A	N/A	N/A	#VALUE!	#VALUE!	0
7	0	0.0%	N/A	N/A	N/A	#VALUE!	#VALUE!	0
24	0	0.0%	59	56	202	95%	29%	0
26	0	0.0%	6	6	49	100%	12%	0
12	0	0.0%	44	42	229	95%	19%	0
0	0	#DIV/0!	35	35	176	100%	20%	0
14	0	0.0%	44	42	198	95%	22%	0

C diff - post 72 hour infections	C. difficile infection rates per 1,000 bed days	Number of slips, trips and falls - no harm	Number of slips, trips and falls - low harm	Number of slips, trips and falls - moderate harm	Number of slips, trips and falls - severe harm	Number of slips, trips and falls - death	Number of slips, trips and falls (per 1000 bed days)	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 2
0	#DIV/0!	9	3	0	0	0	#DIV/0!	1
0	#DIV/0!	5	2	0	0	0	#DIV/0!	0
0	#DIV/0!	3	4	1	0	0	#DIV/0!	0
0	#DIV/0!	11	3	0	0	0	#DIV/0!	0
0	#DIV/0!	6	2	0	0	0	#DIV/0!	0
0	#DIV/0!	4	1	0	0	0	#DIV/0!	0
0	#DIV/0!	6	5	0	0	0	#DIV/0!	0
0	#DIV/0!	3	2	1	0	0	#DIV/0!	0
0	#DIV/0!	1	3	1	0	0	#DIV/0!	3
0	#DIV/0!	8	3	0	0	0	#DIV/0!	0
0	#DIV/0!	5	4	0	1	0	#DIV/0!	0
0	#DIV/0!	1	1	0	0	0	#DIV/0!	0
0	#DIV/0!	1	2	0	0	0	#DIV/0!	0
0	#DIV/0!	3	2	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	1	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	4	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0
0	#DIV/0!	0	0	0	0	0	#DIV/0!	0

Aug-16

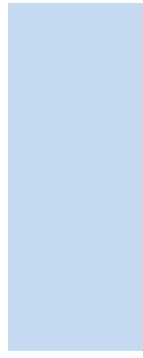
Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 3	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 4	Pressure Ulcers - Number of hospital acquired pressure ulcers per 1000 bed days	ST - No. of patients	ST - No. with new harms	ST - Proportion of patients with no new harm	Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample
0	0	#DIV/0!	32	1	96.9%	11	11	89
0	0	#DIV/0!	21	0	100.0%	124	118	320
0	0	#DIV/0!	28	0	100.0%	21	19	80
0	0	#DIV/0!	34	3	91.2%	23	21	44
0	0	#DIV/0!	19	1	94.7%	11	11	72
0	0	#DIV/0!	17	0	100.0%	82	75	123
0	0	#DIV/0!	32	2	93.8%	14	14	83
0	0	#DIV/0!	29	0	100.0%	14	14	71
0	0	#DIV/0!	32	0	100.0%	45	45	111
1	0	#DIV/0!	33	1	97.0%	10	8	92
1	0	#DIV/0!	32	1	96.9%	17	17	86
0	0	#DIV/0!	33	0	100.0%	35	31	150
0	0	#DIV/0!	31	0	100.0%	57	54	193
0	0	#DIV/0!	32	0	100.0%	31	29	140
0	0	#DIV/0!	5	0	100.0%	N/A	N/A	N/A
0	0	#DIV/0!	4	0	100.0%	N/A	N/A	N/A
0	0	#DIV/0!	24	0	100.0%	60	56	195
0	0	#DIV/0!	26	0	100.0%	7	7	58
0	0	#DIV/0!	8	0	100.0%	19	18	276
0	0	#DIV/0!	0	0	#DIV/0!	26	26	146
0	0	#DIV/0!	11	0	100.0%	102	92	229

Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase	MRSAb	C diff - post 72 hour infections	C. difficile infection rates per 1,000 bed days	Number of slips, trips and falls - no harm	Number of slips, trips and falls - low harm	Number of slips, trips and falls - moderate harm	Number of slips, trips and falls - severe harm
100%	12%	0	0	#DIV/0!	13	3	0	0
95%	39%	0	0	#DIV/0!	1	1	0	0
90%	26%	0	0	#DIV/0!	9	2	0	0
91%	52%	0	0	#DIV/0!	12	1	0	0
100%	15%	0	0	#DIV/0!	3	2	0	0
91%	67%	0	0	#DIV/0!	2	0	0	0
100%	17%	0	0	#DIV/0!	2	0	0	0
100%	20%	0	0	#DIV/0!	3	6	0	0
100%	41%	0	0	#DIV/0!	4	2	0	0
80%	11%	0	0	#DIV/0!	3	5	0	0
100%	20%	0	0	#DIV/0!	6	3	0	0
89%	23%	0	0	#DIV/0!	6	1	0	0
95%	30%	0	0	#DIV/0!	1	3	0	0
94%	22%	0	0	#DIV/0!	4	0	0	0
N/A	N/A	0	0	#DIV/0!	0	0	0	0
N/A	N/A	0	0	#DIV/0!	0	0	0	0
93%	31%	0	0	#DIV/0!	2	2	0	0
100%	12%	0	0	#DIV/0!	1	1	0	0
95%	7%	0	0	#DIV/0!	0	0	0	0
100%	18%	0	0	#DIV/0!	0	0	0	0
90%	45%	0	0	#DIV/0!	0	0	0	0

Sep-16

Number of slips, trips and falls - death	Number of slips, trips and falls (per 1000 bed days)	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 2	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 3	Pressure Ulcers - Number of hospital acquired pressure ulcers - grade 4	Pressure Ulcers - Number of hospital acquired pressure ulcers per 1000 bed days	ST - No. of patients	ST - No. with new harms	ST - Proportion of patients with no new harm
0	#DIV/0!	0	0	0	#DIV/0!	30	1	3.3%
0	#DIV/0!	0	0	0	#DIV/0!	19	0	0.0%
0	#DIV/0!	3	2	0	#DIV/0!	25	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	33	1	3.0%
0	#DIV/0!	0	0	0	#DIV/0!	13	2	15.4%
0	#DIV/0!	0	0	0	#DIV/0!	22	0	0.0%
0	#DIV/0!	0	0	0	#DIV/0!	31	0	0.0%
0	#DIV/0!	1	0	0	#DIV/0!	28	1	3.6%
0	#DIV/0!	0	0	0	#DIV/0!	28	0	0.0%
0	#DIV/0!	0	4	0	#DIV/0!	23	0	0.0%
0	#DIV/0!	0	1	0	#DIV/0!	32	3	9.4%
0	#DIV/0!	0	0	0	#DIV/0!	27	1	3.7%
0	#DIV/0!	1	0	0	#DIV/0!	24	2	8.3%
0	#DIV/0!	0	0	0	#DIV/0!	30	1	3.3%
0	#DIV/0!	0	0	0	#DIV/0!	4	0	0.0%
0	#DIV/0!	1	0	0	#DIV/0!	4	0	0.0%
0	#DIV/0!	1	0	0	#DIV/0!	23	0	0.0%
0	#DIV/0!	1	3	0	#DIV/0!	25	3	12.0%
0	#DIV/0!	0	0	0	#DIV/0!	2	1	50.0%
0	#DIV/0!	0	0	0	#DIV/0!	0	0	#DIV/0!
0	#DIV/0!	0	0	0	#DIV/0!	13	0	0.0%

Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample	Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase	MRSAb	C diff - post 72 hour infections	C. difficile infection rates per 1,000 bed days
10	10	101	#DIV/0!	#DIV/0!	0	0	
13	12	297	#DIV/0!	#DIV/0!	0	1	
4	4	91	#DIV/0!	#DIV/0!	0	0	
10	9	63	#DIV/0!	#DIV/0!	0	0	
4	4	80	#DIV/0!	#DIV/0!	0	0	
23	21	132	#DIV/0!	#DIV/0!	0	0	
22	22	115	#DIV/0!	#DIV/0!	0	0	
2	2	76	#DIV/0!	#DIV/0!	0	0	
23	21	115	#DIV/0!	#DIV/0!	0	0	
16	14	92	#DIV/0!	#DIV/0!	0	0	
9	9	73	#DIV/0!	#DIV/0!	0	0	
44	43	197	#DIV/0!	#DIV/0!	0	0	
30	29	134	#DIV/0!	#DIV/0!	0	0	
13	12	150	#DIV/0!	#DIV/0!	0	0	
N/A	N/A	N/A	#DIV/0!	#DIV/0!	0	0	
N/A	N/A	N/A	#DIV/0!	#DIV/0!	0	0	
31	29	223	#DIV/0!	#DIV/0!	0	0	
8	8	69	#DIV/0!	#DIV/0!	0	0	
8	7	260	#DIV/0!	#DIV/0!	0	0	
27	26	198	#DIV/0!	#DIV/0!	0	0	
37	32	220	#DIV/0!	#DIV/0!	0	0	



Pressure Ulcers - Number of hospital acquired pressure ulcers per 1000 bed days	ST - No. of patients	ST - No. with new harms	ST - Proportion of patients with no new harm	Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents	Friends and Family Inpatients and daycases number of respondents who would recommend the Trust	Friends and Family Inpatients and Daycase - Sample	Friends and Family score - Inpatients and Daycase	Friends and Family response rate - Inpatients and Daycase
0.541321	190	4	97.9%	102	102	586	100.0%	17.4%	
0	116	0	100.0%	474	449	1866	94.7%	25.4%	
1.259446	175	1	99.4%	176	170	523	96.6%	33.7%	
0	205	7	96.6%	142	135	314	95.1%	45.2%	
0	118	6	94.9%	122	116	478	95.1%	25.5%	
0	136	0	100.0%	364	348	725	95.6%	50.2%	
0.177746	191	5	97.4%	164	163	562	99.4%	29.2%	
0.666223	174	2	98.9%	94	92	471	97.9%	20.0%	
1.067806	180	2	98.9%	217	215	656	99.1%	33.1%	
1.326847	160	3	98.1%	55	47	432	85.5%	12.7%	
0.524109	191	8	95.8%	105	104	459	99.0%	22.9%	
0.191461	185	4	97.8%	321	304	1137	94.7%	28.2%	
0.833333	171	4	97.7%	341	321	1068	94.1%	31.9%	
0.772201	181	5	97.2%	167	159	830	95.2%	20.1%	
0.831255	34	1	97.1%	0	0	0	#DIV/0!	#DIV/0!	
2.055498	32	0	100.0%	0	0	0	#DIV/0!	#DIV/0!	
0.452591	150	1	99.3%	317	302	1206	95.3%	26.3%	
1.528384	152	6	96.1%	66	66	322	100.0%	20.5%	
0	44	1	97.7%	196	190	1420	96.9%	13.8%	
0	0	0	#DIV/0!	208	204	1081	98.1%	19.2%	
0	80	0	100.0%	317	296	1183	93.4%	26.8%	

Bed days (Apr-Aug)

5542

4925

5558

6330

3861

5804

5626

4503

5619

4522

5724

5223

4800

5180

1203

973

4419

4580

1227

2877

1885

Quality Indicators - April to September 2016

Ward	Division	Patient and Carer Feedback		Harm during healthcare						Staff Feedback - Your Voice (April 2016)		Completion of key clinical processes		
		FFT - % who would recommend ²	Formal Complaints received	Safety Thermometer - % harm free	Pressure ulcer incidence per 1,000 bed days	Falls incidence per 1,000 bed days	Number of patients with hospital acquired MRSA	Number of patients with hospital acquired C. difficile	Number of serious patient safety incidents (RCAs)	% of staff who would recommend CRH for care and treatment	% of staff who would recommend CRH as a place to work	Medication omitted for non-clinical reasons	MRSA screening completion rates.	MRSA decolonisation completion rates.
Ashover	Med	100.00%	3	97.9%	0.54	9.20	0	0	1	Fewer than 5 responses		18%	100%	90%
Durrant	Med	94.73%	2	99.4%	1.26	11.34	0	0	4	Fewer than 5 responses		23%	100%	100%
Eastwood	Med	96.59%	1	96.6%	0.00	9.32	0	0	0	100	100	10%	94%	100%
Elizabeth	Med	95.07%	3	94.9%	0.00	11.14	0	0	1	Fewer than 5 responses		N/A	87%	90%
EMU	Med	95.08%	9	100.0%	0.00	3.27	0	0	3	100	33	20%	100%	100%
CDU	Med	95.60%	4	100.0%	0.00	4.06	0	1	0	Fewer than 5 responses		23%	87%	67%
Hasland	Med	99.39%	1	97.4%	0.18	7.29	0	0	2	Fewer than 5 responses		9%	100%	100%
Manvers	Med	97.87%	1	98.9%	0.67	6.66	1	0	2	Fewer than 5 responses		10%	94%	77%
Markham	Med	99.08%	3	98.9%	1.07	5.34	0	0	1	80	40	11%	75%	100%
Pearson (winter ward)	Med	85.45%	6	98.1%	1.33	7.52	0	0	0	Fewer than 5 responses		N/A	88%	100%
Ridgeway	Med	99.05%	2	95.8%	0.52	8.21	0	0	2	Fewer than 5 responses		N/A	100%	100%
Barnes	Surg	94.70%	9	97.8%	0.19	3.64	0	0	2	Fewer than 5 responses		14%	100%	100%
Devonshire	Surg	94.13%	5	97.7%	0.83	2.71	0	0	1	57	29	14%	100%	100%
Elmton	Surg	95.21%	2	97.2%	0.77	5.98	0	0	0	Fewer than 5 responses		15%	100%	100%
HDU	Surg	#DIV/0!	1	97.1%	0.83	2.49	0	0	0	77	46	N/A	100%	100%
ITU	Surg	#DIV/0!	0	100.0%	2.06	1.03	0	1	0	Fewer than 5 responses		N/A	100%	100%
Murphy	Surg	95.27%	4	99.3%	0.45	4.75	0	0	1	Fewer than 5 responses		3%	100%	100%
Robinson	Surg	100.00%	7	96.1%	1.53	4.59	0	0	1	Fewer than 5 responses		9%	88%	96%
CBC	W&C	96.94%	4	97.7%	0.00	0.00	0	0	1	72	39	N/A	100%	100%
Trinity	W&C	98.08%	2	100.0%	0.00	0.00	0	0	0	Fewer than 5 responses		N/A	87%	100%
Nightingale	W&C	93.38%	3	91.7% ¹	0.00	0.35	0	0	0	93	53	N/A	100%	n/a

RAG rating	Red	<96%		<97.8%	>1.0	>6.6	>0	>0		<70%		<86%	<86%
	Amber	N/A		N/A	N/A	N/A	N/A	N/A		70-75%		86-95%	86-95%
	Green	>96%		>97.8%	<1.0	<6.6	0	0		>75%		>96%	>96%
	Source	IPR		IPR	IPR	IPR	IPR			Picker report		IC Audit	IC Audit

¹ This score is from the paediatric safety thermometer and therefore RAG rating is different - where green is > 88.4% which is the national average for the period.

² Data for the period April to August 2016