

Safe Staffing Report			
<b>Meeting</b>	Board of Directors		
<b>Date</b>	15/02/2023	<b>Agenda Item</b>	15
<b>Lead Director</b>	Roger Wilson, Interim Director of HR & Organisational Development		
<b>Author(s)</b>	Claire Wedge, Deputy Chief Nurse, Carla Burns, Deputy Director of HR&OD, Martin Godfrey, Head of HR (Workforce Planning & Resources)		
<b>Action required</b> (please select the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
<p>This report provides the Board of Directors with an overview of Safe Staffing data for Quarter 3 2022-23 in the Community Intermediate Care Centre (CICC) wards.</p> <p>The purpose of the report is to provide assurance to the Board in relation to compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 for safe staffing levels at the CICC.</p> <p>The report highlights the mitigations in place for managing identified risks and the steps being taken to maximise available staffing whilst mitigating the financial position.</p>			
<b>Executive Summary</b>			
<p>The People &amp; Culture Committee has oversight of Safe Staffing data as described in the attached presentation, with a quarterly report submitted for discussion and assurance. The People &amp; Culture Committee met on 8 February 2023 and received data for Q3, 2022-23.</p> <p>A summary is presented to the Board of Directors for assurance at appendix 1.</p> <p>The report uses data relating to the standard national methodology for reporting staffing levels for inpatient units. This is defined by the number of Care Hours Per Patient Per Day (CHPPPD) that are required, compared to the staff actually deployed.</p>			



The Safe Staffing model used by the Trust supports the use of professional judgement by;

- maximising the use of available staffing resource
- implementing a holistic multidisciplinary team model which includes the use of Therapy and Adult Social Care staff

The report provides a summary of the requirements of the regulatory framework for the provision of safe staffing, an overview of the baseline staffing model, a breakdown of the different staffing types as well as a triangulation with patient safety data including incidents and complaints.

During Q4 2022-23 the Safer Nursing Care Tool and audit programme will be implemented which will further strengthen existing systems and processes.

The governance arrangements in place to support the effective oversight and management of Safe Staffing are robust and ensure visibility and monitoring at multiple levels. This includes;

- Monthly review at SAFE Operations Group (SOG) and People and Culture Oversight Group (PCOG)
- Report by exception to Integrated Performance Board (IPB) based on risk escalation
- Quarterly reporting to People and Culture Committee (last review February 2023)
- Quality and Safety Committee oversight based on risk escalation
- Bi-annual high-level assurance report to the public Board of Directors

Following the detailed review by the People & Culture Committee on 8 February 2023 a number of actions have been referred to the Quality & Safety Committee for further review and discussion. These actions are focused on the level of dependency in D2A beds and the associated impact on staffing levels. As part of the governance described to support the effective oversight of Safe Staffing, these actions will be addressed at the next meeting of the Quality & Safety Committee in March 2023 with a position reported back to the People & Culture Committee in the next quarterly Safe Staffing Report.

**Risks and opportunities:**

There is currently one organisational risk on the risk register associated with Safe Staffing (Risk ID 2784 (RR12) - An inability to provide evidence of safe staffing levels and lack of ability to provide appropriate assurance). This risk is tracked through the governance framework described above.

**Quality/inclusion considerations:**

Quality & Equality Impact Assessment completed and attached No.

Not applicable to this report.



**Financial/resource implications:**

Not applicable to this report.

**The Trust Vision** – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

Populations - Safe care and support every time	People - Grow, develop and realise employee potential	People - Better employee experience to attract and retain talent
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**The Trust Social Value Intentions**

Does this report align with the Trust social value intentions? Not applicable

If Yes, please select all of the social value themes that apply:

**Community engagement and support**

**Purchasing and investing locally for social benefit**

**Representative workforce and access to quality work**

**Increasing wellbeing and health equity**

**Reducing environmental impact**

**Board of Directors is asked to consider the following action**

Board of Directors is asked to receive the report noting the data presented for Q3, 2022-23 and be assured of the governance framework established to support the effective oversight and management of Safe Staffing in the Trust.

**Report history** (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
People and Culture Committee	08/02/2023	The committee received the detailed report for Q3, 2022-24 and supported the summary position to be

		reported to the Board of Directors. The committee agreed a number of actions including referral to the Quality & Safety Committee ensuring appropriate visibility and oversight through the governance framework. The committee noted a further report in April 2023.
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Appendix 1

**Safe Staffing: Community Intermediate Care Centre  
(CICC)  
October - December 2022**

# Contents

- Purpose
- Safe Staffing Governance
- Principles of safe staffing
- Safe Staffing Model
- Safe Staffing Data: Quarter 3 2022
- Safety Analysis: Quarter 3 2022
- Summary of position

# Purpose

**The purpose of this report is to:**

- Provide assurance to Wirral Community Health and Care NHS Foundation Public Board of Directors in relation to compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 for safe staffing levels at the Trust's Community Intermediate Care Centre (CICC)
- This report focusses on ward based Care Hours Per Patient Day (CHPPD) and analysis of incident reporting for Quarter 3 2022 to assure safety

# Safe Staffing Governance

The Trust has a robust governance framework in place to support monitoring and oversight of safe staffing, this includes the following:

- Monthly review at SAFE Operations Group (SOG) and People and Culture Oversight Group (PCOG)
- Report by exception to Integrated Performance Board (IPB) based on risk escalation
- Quarterly reporting to People and Culture Committee (last review February 2023)
- Quality and Safety Committee oversight based on risk escalation
- Bi-annual high-level assurance report to the public Board of Directors



# Regulation 18

- Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part
- Persons employed by the service provider in the provision of a regulated activity must:
  - receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform
  - be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and
  - where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role

# Principles of safe staffing

National Quality Board Safe Staffing guidance

NHSE Developing Workforce Safeguards



Expectation 1	Expectation 2	Expectation 3
<b>Right Staff</b> 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	<b>Right Skills</b> 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	<b>Right Place and Time</b> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Implement Care Hours per Patient Day

Develop local quality dashboard for safe sustainable staffing

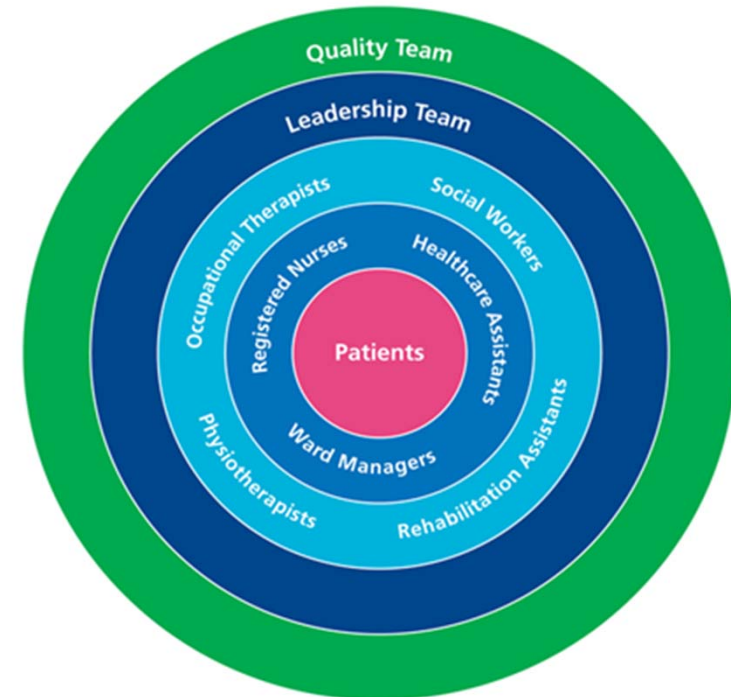
**Measure and Improve**

- Patient outcomes, people productivity and financial sustainability -
- Report investigate and act on incidents (including red flags) -
- Patient, carer and staff feedback -

# CICC Safe Staffing

- A safe staffing model has been developed to demonstrate the available clinical and professional resource at CICC to ensure safe staffing
- Local **governance safe staffing** processes have been reviewed and will be supported by the introduction of daily board rounds
- **Escalation levels have been** strengthened to ensure transparency to the senior leadership team, supporting mitigation of risk
- Support is also available from **Tele-triage** and the **Nights Community Nursing Team**

## Safe Staffing Model



# CICC Safe Staffing

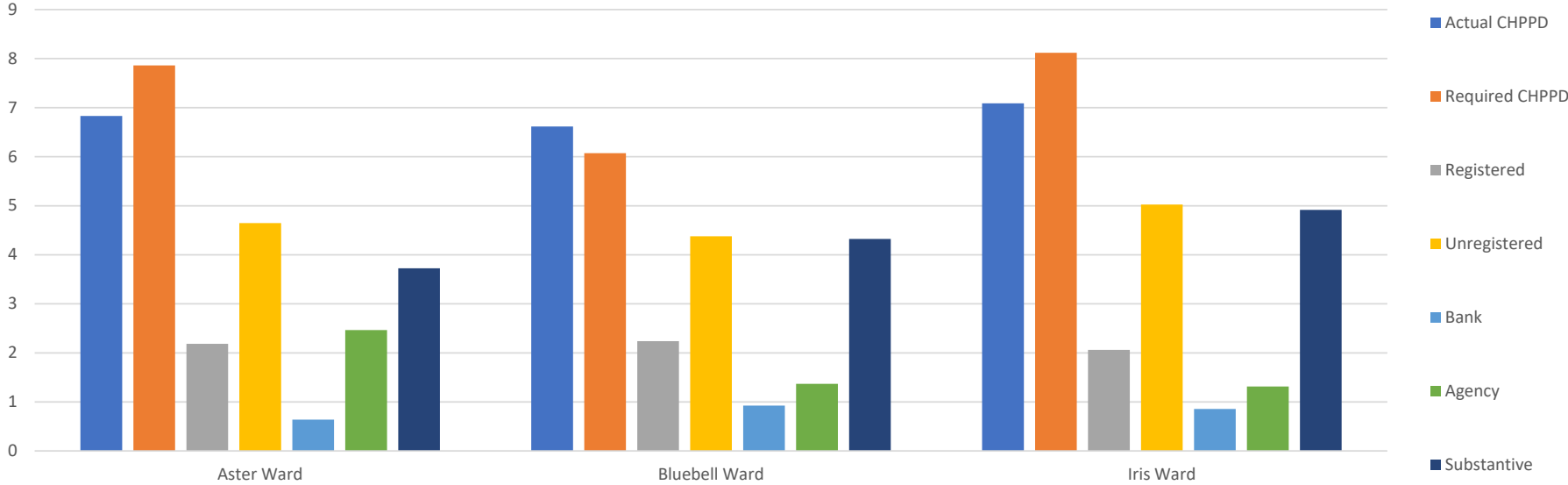
- The current nursing baseline staffing model at CICC is 2 Registered Nurses and 4 Health Care Assistants per ward per shift
- The developed safe staffing model supports responsiveness by incorporating professional judgement which maximising use of available staffing resource. This enables implementation of a holistic multidisciplinary team model including the use of therapies staff to assure safety
- To validate the establishment setting, providing assurance to the Board of Directors in relation to safe staffing levels, the Trust are implementing the nationally approved Safer Nursing Care Tool (SNCT)
- A Safer Nursing Care audit programme commenced in January 2023

# CICC Safe Staffing

- The national requirement for reporting safe staffing for NHS organisations that provide inpatient/bedded units uses the consistent metric of Care Hours Per Patient Per Day
- CHPPD is a measure of workforce deployment in ward-based settings and increasingly forms an integral part of a ward/unit/trust review and oversight of quality and performance indicators to inform quality of care, patient outcomes, people productivity and financial sustainability
- This ensures skill-mix is well-described and the nurse-to-patient ratio is considered when deploying clinical professionals to provide planned care, reflected alongside an aggregated overall actual CHPPD
- This metric measures nursing input only, with the wider multi-disciplinary team including therapy and adult social care staff contributing to the overall establishment to assure safety

# Safe Staffing Data: CICC Quarter 3 2022

# Ward Staffing Summary compared against Care hours Per Patient Day (CHPPD) – Quarter 3 2022/3





## Ward Temporary Staffing Breakdowns: Quarter 3

Data available from SafeCare

Aster Ward	
Temp Cover	% Split
<b>Agency</b>	36.33%
HCA	32.03%
RN	4.22%
<b>Bank</b>	9.39%
HCA	7.70%
RN	1.69%
<b>Substantive</b>	54.28%
HCA	28.17%
RN	26.11%
<b>Grand Total</b>	100%


Bluebell Ward	
Temp Cover	% Split
<b>Agency</b>	21.24%
HCA	19.51%
RN	1.73%
<b>Bank</b>	13.94%
HCA	9.93%
RN	4.01%
<b>Substantive</b>	64.82%
HCA	36.91%
RN	27.91%
<b>Grand Total</b>	100%

Iris Ward	
Temp Cover	% Split
<b>Agency</b>	18.88%
HCA	17.58%
RN	1.29%
<b>Bank</b>	12.37%
HCA	11.52%
RN	0.85%
<b>Substantive</b>	68.75%
HCA	41.24%
RN	27.51%
<b>Grand Total</b>	100%



# Safety Analysis: CICC

## Quarter 3 2022/23



# Safety Analysis: CICC – Q3 2022/23

- A review of available safety and experience data for CICC has been conducted for Quarter 3 2022/23, triangulated with staffing levels and CHPPD to assure standards of safety
- This review has evidenced that the safety systems and mitigations in place at CICC appear to have been effective in minimising impact to patient safety
- Mitigations continue to include utilisation of the available clinical and professional resource at CICC, including therapy staff
- Thematic analysis will continue to be monitored throughout the Trust's governance framework

# Summary of Position

- **Actions to Mitigate Potential Risks**
  - Regular reporting and oversight of issues to SAFE/OPG at service level
  - Review of patient admission criteria to ensure suitability for rehabilitation
- **Actions to Maximise Staffing Position**
  - Daily huddles to review staffing with senior oversight
  - Input from Ward Manager to support service delivery when required
  - Additional input available from GPOOH and Tele-triage overnight
  - Focused recruitment activity to fill vacancies
  - International Recruitment
- **Opportunities for Financial Position Mitigation**
  - Negotiation underway with Commissioners regarding future funding requirements, aligned to clinical model requirements