

Trust Board – Part 1

Agenda Item	19.	Date: 27.04.16																																																
Title of Report	Safe Staffing Report																																																	
Purpose of the report and the key issues for consideration/decision	The Board are asked to receive and note the attached safe staffing exception report.																																																	
Prepared by: Name & Title	Mark Keegan, Acting Deputy Director of Nursing																																																	
Presented by:	Pauline Law, Director of Nursing																																																	
Action Required (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Adopt</td> <td></td> <td>Receive for information</td> <td>x</td> </tr> </table>		Approve		Adopt		Receive for information	x																																										
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Strategic/Corporate Objective(s) supported by this paper	Performance objectives																																																	
Is this on the Trust's risk register?	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td>x</td> <td>If Yes, Score</td> <td></td> </tr> </table>		No		Yes	x	If Yes, Score																																											
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Which Standards apply to this report?	<table border="1"> <tr> <td>CQC</td> <td>Staffing</td> </tr> <tr> <td>NHSLA</td> <td>Competent and capable staff</td> </tr> <tr> <td>BAF Objectives</td> <td>As above</td> </tr> <tr> <td>WWL Wheel</td> <td>Patients first</td> </tr> </table>		CQC	Staffing	NHSLA	Competent and capable staff	BAF Objectives	As above	WWL Wheel	Patients first																																								
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Have all implications related to this report been considered?	<table border="1"> <thead> <tr> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> </tr> </thead> <tbody> <tr> <td>Finance Revenue & Capital</td> <td>Na.</td> <td>Na.</td> <td>Equality & Diversity</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td>National Policy/Legislation</td> <td>Yes</td> <td>No</td> <td>Patient Experience</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>NHS Contract</td> <td>Na.</td> <td>Na.</td> <td>Governance & Risk Management</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Human Resources</td> <td>Yes</td> <td>No</td> <td>Terms of Authorisation</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td>Consultation/Communication</td> <td>Yes</td> <td>No</td> <td>Human Rights</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td>Other:</td> <td>Na.</td> <td>Na.</td> <td>Carbon Reduction</td> <td>Na.</td> <td>Na.</td> </tr> <tr> <td colspan="6">If action required please state:</td> </tr> </tbody> </table>			Yes/No/NA	Any Action Required		Yes/No/NA	Any Action Required	Finance Revenue & Capital	Na.	Na.	Equality & Diversity	Na.	Na.	National Policy/Legislation	Yes	No	Patient Experience	Yes	No	NHS Contract	Na.	Na.	Governance & Risk Management	Yes	No	Human Resources	Yes	No	Terms of Authorisation	Na.	Na.	Consultation/Communication	Yes	No	Human Rights	Na.	Na.	Other:	Na.	Na.	Carbon Reduction	Na.	Na.	If action required please state:					
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Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	HR Committee	NED	Other
Na	Na	Na	Na.	Na	Na	Na	Na	Na

Safe Staffing Report – March 2016

1.0 INTRODUCTION

This report provides a monthly summary of Safe Staffing on all in-patient wards across the Trust. It includes exception reports related to staffing levels, related incidents and red flags which are then triangulated with a range of quality indicators.

2.0 PROGRESS ON SAFER STAFFING REPORTING

The safe staffing exception report (Appendix1) as usual, provides the established versus actual fill rates on a ward by ward basis. The report contains supporting detailed narrative, including information regarding actions taken and mitigation of risks when the levels are less than 100%. Red Flags are derived from Datix incident reports related to staffing levels combined with intelligence from daily monitoring of staffing by Divisional Matrons. The Board will continue to receive these monthly exception reports for review and discussion as required.

The summary table included with the report, (Appendix 2) contains the triangulated quality information on a ward by ward basis. The individual organisational RAG rating system is now being developed nationally by a technical expert group. The RAG rating will constitute safe staffing, quality indicators and HR indicators. This is information that is already collected by Trusts and includes: PDR's undertaken, staff survey results, mandatory training levels, patient and staff survey results and sickness absence levels. This information will be shared with Trusts prior to upload onto NHS Choices.

Safe Staffing for each ward is assessed on a daily basis by the relevant Divisional Matrons, and in the evenings and at weekends the Duty Matron has responsibility for ensuring safe staffing of all ward areas across the Trust. A system for RAG rating each ward for safety is being developed and will appear in May's Board Report on Safe Staffing.

3.0 RECRUITMENT

A procurement exercise is underway to appoint a new recruitment agency to assist the Trust with overseas recruitment. Selection will focus on the delivery of a number of key performance indicators to ensure it contributes to the Trusts target of recruiting 72 Nurses each year.

4.0 SUMMARY

The wards are considered safe with staffing managed and reviewed on a continuous shift by shift basis with staffing levels clearly displayed at the entrance to all wards. Although every possible attempt is made to fill all empty shifts, there are occasions when this is not achievable.

5.0 RECOMMENDATIONS

The Board is asked to:
Receive the paper for information and discussion.

Mark Keegan
Assistant Director of Nursing

SAFE STAFFING EXCEPTION REPORT – DECEMBER 2015

Division of Medicine

Taylor Ward

Staff requirements on each shift, split into RN (Registered Nurse) and Unregistered staff AP (Assistant Practitioner) and HCA (Health Care Assistant)

	Early Shift	Late Shift	Night Shift	No. beds
Monday - Sunday	RN 3 HCA 4	RN 3 HCA 4	RN 2 HCA 2	23

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	103.6%	+3.6%	No vacancies 2 on preceptorship
RN Night Shifts	104.8%	+4.8%	Short fall due to short term sickness, bank not picked up.
HCA/AP Day Shifts	75.2%	-24.8%	
HCA/AP Night Shifts	95.9%	-4.1%	

Astley Ward

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 4 AP/HCA 4	RN 4 AP/HCA4	RN 3 AP/HCA 2	28

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	85.4%	-14.6%	1 on secondment 1 maternity leave, 4 on preceptorship, 1 new starter in April no vacancies.
RN Night Shifts	66.7%	-33.3%	As above There were unfilled shifts during the month due to sickness / absence, however a combination of agency staff and staff redeployed from other areas were used to ensure that the correct number of staff were on duty. Assistant practitioners; worked to cover trained short fall.
HCA/AP Day Shifts	128.0%	+28.0%	1 long term sick increased shifts used to back fill trained nurses.
HCA/AP Night	203.6%	+103.6%	Additional CSW requested to support

Shifts			increased patient acuity and 1:1 care. Assistant practitioners worked to cover short fall in trained staff.
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Acute Stroke Unit

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 4 HCA 3	RN 4 HCA 3	RN 2 HCA 3	21

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	99.1%	-0.8%	2 maternity leave 1 waiting for PIN
RN Night Shifts	92.1%	-7.9%	As above
HCA/AP Day Shifts	108.7%	+8.7%	Extra HCA used to care for demanding 1:1 patients
HCA/AP Night Shifts	111.9%	+11.9%	As above

Coronary Care Unit

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	3RN 1/HCA	3RN 1/HCA	3RN	11

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	86.3%	-13.7%	1 on maternity leave not back, filled 2 new starters on preceptorship 1 awaiting start in April.
RN Night Shifts	98.9%	-1.1%	As above
HCA/AP Day Shifts	79.7%	-20.3%	Staff redeployed on a shift basis from CCL. Occasional bank staff used.
HCA/AP Night Shifts	N/A	N/A	N/A

Ince ward

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 4HCA 4	RN 4 HCA 4	RN2HCA 2	28

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	78.6%	-21.4%	1 awaiting start dates, 1 on preceptorship, 1 long term sick 1.23 vacancy in recruitment but not recruited to.
RN Night Shifts	68.9%	-31.1%	As above
HCA/AP Day Shifts	99.1%	-0.9%	
HCA/AP Night Shifts	147.9%	+47.9%	Significant number of patients requiring 1:1 care due to dementia and risk of falls. There were unfilled shifts during the month due to sickness / absence, however a combination of agency staff and staff redeployed from other areas were used to ensure that the correct number of staff were on duty.

Pemberton Ward

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 3 AP/HCA 2	RN 3 AP/HCA 2	RN 2 AP/HCA 2	12

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	73.9%	-26.1%	2 RGN on preceptorship, 1 waiting PIN number in preceptorship 2.42 vacancy.
RN Night Shifts	96.8%	-3.2%	
HCA/AP Day Shifts	149.2%	+49.2%	1 long term sick. Due to isolated rooms/patients risk of falls and dementia extra CSW requested. There were unfilled shifts during the month due to sickness / absence, however a combination of agency staff and staff redeployed from other areas were used to ensure that the correct number of staff were on duty.
HCA/AP Night Shifts	125.7%	+25.7%	As above

Shevington Ward

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 4 AP/HCA 4	RN 4 AP/HCA 4	RN 2 HCA 3	28

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	92.4%	-7.6%	
RN Night Shifts	101.6%	+1.6%	
HCA/AP Day Shifts	100.4%	+0.4%	Increased CSW requested due to patient requiring 1:1 and to back fill short fall in registered nurses.
HCA/AP Night Shifts	102.5%	+2.5%	Increased CSW requested due patient requiring 1:1.

Standish Ward

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 4 AP/HCA 4	RN 4 AP/HCA 4	RN 2 HCA 3	28

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	84.3%	-15.7%	2 awaiting start date
RN Night Shifts	99.6%	-0.4%	1 on maternity leave not back filled,
HCA/AP Day Shifts	120.3%	+20.3%	3 long term sick 3 vacancy awaiting start date in progress Increase in CSW requested due to high number of patients requiring 1:1 care due to dementia and risk of falls.
HCA/AP Night Shifts	127.9%	+27.9%	As above

Winstanley Ward

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No Beds
Monday - Sunday	RN 4 AP/HCA 4	RN 4 AP/HCA 4	RN 2 HCA 3	28

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	71.6%	-28.4%	Skill mix poor due to high number of newly qualified staff and those on preceptorship 5 on maternity 1 long term sick .1 waiting start date in April leave gaps in rota filled by redeploying from other areas to make safe numbers

RN Night Shifts	117.7%	+17.7%	
HCA/AP Day Shifts	91.0%	-9.0%	4 maternity leave 3 High dependency patients. There were unfilled shifts during the month due to sickness / absence, however a combination of agency staff and staff redeployed from other areas were used to ensure that the correct number of staff were on duty.
HCA/AP Night Shifts	141.0%	+41.0%	Increase in HCA/AP worked due to short fall in RN.

MAU

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No. beds
Monday - Sunday	RN 5 HCA 3	RN 4 HCA 3	RN 3 HCA 2	28

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	79.5%	-20.5%	Vacancy currently 5.02* Recruitment in progress NHSP and agency staff utilised to cover vacant shifts. Daily assessment of staffing levels and skill-mix. Staff redeployed from medical wards to provide nursing cover as able. 1 x LTS. 1 x RN apt waiting to start* 2 x RN apt waiting to qualify* 1 x RN overseas induction*
RN Night Shifts	97.9%	-2.1%	As above.
HCA/AP Day Shifts	99.0%	-1.0%	0.64 wte vacancy (1 ML) Episodes of short term sickness.
HCA/AP Night Shifts	124.3%	+24.3%	Vacancy and sickness in RNs – attempts to cover with Band 2/4s.

LOWTON

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift	No. beds
Monday - Sunday	RN 4 HCA 4	RN 3 HCA 3	RN 3 HCA 2	25

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	77.6%	-22.4%	4.52 wte vacancy * 1 wte Mat leave 1 wte secondment

			Recruitment in progress. Shifts covered by NHSP/Agency/overtime. 3 x RN apt waiting to qualify* 1 x RN overseas induction*
RN Night Shifts	92.5%	-7.5%	As above.
HCA/AP Day Shifts	91.5%	-8.5%	1.0 wte ML 0.64 wte AP vacancy Periods of STS Shifts covered by NHSP/Agency/overtime
HCA/AP Night Shifts	141.0%	+41.0%	Increase in staffing on nights 1 x band 2 increasing to 3/3 at night (NHSP)

Emergency Care

Staff requirements on each shift, split into RN (Registered Nurse) and Unregistered staff AP (Assistant Practitioner) and HCA (Health Care Assistant).

It may be worth mentioning here that the AP is utilised within the trained establishment under the supervision of the senior nurse

A&E Emergency Care

Consists of four areas, Majors ,minors, resuscitation and a separate paediatric area with RSCN. Staff are allocated to each area on a daily basis. Staff work on an internal rotation basis.

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	10+3	10+4	8=1/1 TW RN/1TW HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	79.8%	-20.02%	1.0 LTS. Some short term sickness. We have 3 WTE Vacancies staff recruited and awaiting start date. NHSP utilized and staff rosters altered in order to maintain safe staffing position.
RN Night Shifts	87.7%	-12.3%	1.00 staff on long term Sick. Short term sickness. We also utilise AP in the Qualified numbers who are supervised by the coordinator. NHSP utilized and staff rosters altered in order to maintain safe staffing position.
HCA/AP Day Shifts	96.8%	-3.2%	2 WTE vacancies. HCA working extra to also contribute to patient flow when staffing reduced with RN. NHSP requested and roster rearranged to maintain safe staffing position.

HCA/AP Night Shifts	155.1%	+55.1%	The reason this is largely over is because AP are utilized within the trained staffing roster, however they are counted within the HCA safe staffing report, thus giving an over establishment figure for HCA. AP is supervised by trained staff, thus maintaining safe staffing.
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CDW

Is an eleven bed clinical decision area for A/E patients. This area has an equal split of male and female. Plus one SW

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	3+1	2+1	2+1

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	75.9%	-24.1%	1 WTE Vacancy out to advert and there has been an increase in short term sickness. NHSP utilised and staff used from other areas within the division.
RN Night Shifts	100.0%	0%	
HCA/AP Day Shifts	70.3%	-29.7%	Short Term sickness. NHSP utilised and staff from A/E covered the ward.
HCA/AP Night Shifts	80.6%	-19.4%	Short Term sickness. Action as above.

Division of Surgery

Staff requirements on each shift, split into RN (Registered Nurse) and Unregistered staff AP (Assistant Practitioner) and HCA (Health Care Assistant).

Intensive Care Unit/High Dependency Unit

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	9 RN 2 HCA	9 RN 2 HCA	9 RN

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	74.7%	- 25.3%	RN sickness has increased, however is being managed appropriately by Matron/HR support. There has been reduced activity on the unit, therefore safe staffing provided
RN Night Shifts	96.2%	- 3.8%	Increased night fill rate
HCA/AP Day Shifts	69.3%	- 30.7%	

Langtree Ward

Langtree is a 28 bedded male surgical ward.

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	4 RN 3 AP/HCA	4 RN 2 AP/HCA	2 RN 2 AP/HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	90.5%	- 9.5%	AP has worked long days to support the RN's.
RN Night Shifts	98.1%	-1.9%	High levels of substantive RN cover this month.
HCA/AP Day Shifts	101.5%	+1.5%	
HCA/AP Night Shifts	105%	+5%	

Orrell Ward

Orrell is a surgical ward with 18 inpatient beds and 8 surgical assessment beds as an integrated surgical assessment unit. The ward takes male and female patients in three separate bays and side wards to meet with delivering same sex accommodation directives.

Two side wards are designated as surgical assessment areas/review clinics and additionally there is a separate room which accommodates an Ear, Nose & Throat treatment room. This has ENT clinics 5 times a week. All areas are staffed as part of the ward compliment.

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	5 RN 3 AP/HCA	5 RN 3 AP/HCA	2 RN 1AP 2HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	73.3%	- 26.7%	New RN's induction continues. Vacant post and some sickness backfilled by NHSP on most shifts.
RN Night Shifts	100%	0%	
HCA/AP Day Shifts	85.5%	- 14.5%	Improved availability of HCA's this month.
HCA/AP Night Shifts	86.4%	- 13.6%	

Swinley Ward

Swinley is a 26 bedded female surgical ward which has an integral 24 hour 7 day gynaecology treatment room for emergency patients attending with early pregnancy related problems. The room is staffed as part of the ward compliment.

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	5 RN 3 AP/HCA	5 RN 3 AP/HCA	2 RN 2 AP/HCA +1RN 2000-0300 hrs twilight shift

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	79.3%	-20.7%	NHSP staff has backfilled to provide safe staffing.
RN Night Shifts	78.2%	- 21.8%	NHSP cover on most shifts with full complement of HCA's to support RN's.
HCA/AP Day Shifts	102.1%	+2.1%	
HCA/AP Night Shifts	98.4. %	-1.6 %	

Maternity Unit (Delivery Suite and Maternity Ward)

The Maternity Unit consists of the Delivery Suite, Maternity Ward, Triage and Antenatal Day Assessment Unit (ADAU).

Delivery Suite provides care for women in labour and antenatal triage from 20:00- 08:00 it has 8 labour rooms, 1 assessment room and 1 room for the care of women who have suffered the loss of their baby.

The Maternity ward has 28 beds and provides care to antenatal and postnatal women and their babies. Triage and ADAU are based on the Maternity ward but work as a separate area; they have 2 beds for triage and 2 beds for ADAU. Triage provides the antenatal assessment of women who may be in labour or are experiencing concerns about their pregnancy from 08:00 - 20:00. ADAU provides antenatal day care of women with high risk pregnancies from 09:00 – 17:00.

Staff requirement for each shift:

	Early	Late	Night
Monday- Sunday	12 M/W 3 HCA	10 M/W 4 HCA	9 M/W 2HCA

	Compliance with planned staffing %	Variance to planned staffing%	Comments/ actions
Midwife Day shifts	95.6%	-4.4%	3.64 WTE vacancy across both in-patient areas. Sickness/ absence both long and short term; also maternity leave. Safe staffing provided by utilisation of midwifery bank and team working across the

			maternity floor.
Midwife Night shifts	96.0%	-4.0%	3.64 WTE vacancy across both in-patient areas. Short and long term sickness/ absences; also maternity leave. Safe staffing maintained by midwifery bank and midwives working as team across the maternity floor.
HCA Day shift	85.8%	-14.2%	Vacancy 1.4 WTE across both in-patient areas. Combination of short and long term sickness. Safe staffing maintained by utilisation of HCA bank staff and team working. Priority given to night shifts as Housekeepers available during the week.
HCA Night shift	86.3%	-13.7%	Vacancy 1.4 WTE across both in-patient areas. Combination of short and long term sickness. Safe staffing maintained by utilisation of HCA bank staff and team working. Priority given to night shifts.

Rainbow Ward

Rainbow ward is a 32 bedded integrated paediatric ward and a 2 bedded HD caring for all children aged 0 – 16 years with medical conditions or requiring either day case or emergency surgery. 10 of these beds are ring-fenced for surgery.

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	6 RN 2HCA	5 RN 2 HCA	4 RN 2 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	71.4%	-28.6%	2 vacancy Short term sickness Long term sickness 1 maternity leave Patient safety not compromised due to dependency and patient numbers – risk assessed by matron and ward manager / coordinator; Staff movement to provide consistent cover for shifts Shift shortfall covered by supernumerary staff, existing staff overtime, NHSP and agency staff.

RN Night Shifts	96.1%	-3.9%	2 vacancy 1 maternity leave Long term sickness Patient safety not compromised due to dependency and patient numbers – risk assessed by matron and ward manager / coordinator Staff movement to provide consistent cover for shifts Shift shortfall covered by supernumerary staff, existing staff overtime, NHSP and agency staff.
HCA/AP Day Shifts	77.7%	-22.3%	1 maternity leave Some short term sickness. NHSP staff used to cover shortfall and existing staff overtime.
HCA/AP Night Shifts	64.5%	-35.5%	1 maternity leave Some short term sickness. NHSP staff used to cover shortfall and existing staff overtime.
7 children were treated and transferred out to other Hospitals from Paediatric Emergency Care Centre during March due to lack of bed capacity on the ward.			

Neonatal Unit

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	5 RN HCA	5 RN HCA	RN HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	87%	-13%	1 Adoption leave 2 Maternity leave 1 secondment 1 vacancy 1 moved to other dept. awaiting OH Long term sickness and short term sickness. Patient safety not compromised due to dependency and patient numbers – risk assessed by matron and lead nurse. Staff movement to provide consistent cover for shifts use of NHSP and agency staff.
RN Night Shifts	98.4%	-1.6%	1 Adoption leave 2 Maternity leave 1 secondment 1 vacancy

			1 moved to other dept. awaiting OH Long term sickness and short term sickness. Patient safety not compromised due to dependency and patient numbers – risk assessed by matron and lead nurse. Staff movement to provide consistent cover for shifts and use of NHSP staff.
HCA/AP Day Shifts	52.6%	-47.4%	Short term sickness then maternity leave.
HCA/AP Night Shifts	N/A	N/A	HCA not routinely rostered onto night duty unless for 1:1 support.

Division of Specialist Services

Aspull Ward

28 bedded Trauma Orthopaedic Ward, accommodating male and female patients in segregated bays and single rooms.

Staff requirements for each shift:

	Early Shift	Late Shift	Night Shift
Monday - Sunday	4 RN 4 AP/HCA	4 RN 4 AP/HCA	3 RN 2 AP/HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100.5%	+0.5%	There were no unfilled day shifts during the month of March.
RN Night Shifts	66.4%	-33.6%	There were unfilled shifts during the month, when there was 1 less RNs than planned to be on duty, due to staff vacancies. There should be 3 RNs and 2 HCAs on duty. HCAs or APs were re-deployed to fill those gaps and reduced bed occupancy at times allowed for altered staffing.
HCA/AP Day Shifts	87.0%	-13.0%	There were unfilled shifts during the month when there was a shortage of HCAs due to staff vacancies & sickness. Staff were redeployed from other areas to support safe staffing.
HCA/AP Night Shifts	175.8%	+75.8%	The positive variance is combination of covering RN shortfall and a significant number of patients required 1:1 care due to high risk of falls and additional support as they were living with Dementia.

Ward A (Ward 5 re-located to Ward A on 21.12.15)

Ward A is a 28 bedded mixed gender elective orthopaedic ward with 16 single rooms with en-suite and 3 bays each with 4 beds.

Staff requirements for each shift (a change in staffing establishment to take account of the new ward environment is reflected in the tables below):

Ward A

	Early Shift	Late Shift	Night Shift
Monday - Saturday	4 RN 4 AP/HCA	4 RN 4 AP/HCA	3 RN 3 AP/HCA
Sunday	4 RN 4 AP/HCA	4 RN 4 AP/HCA	3 RN 2 AP/HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	80.1%	-19.9%	There were unfilled shifts during the month due to sickness and vacancy. There was reduced bed occupancy therefore safe staffing was maintained.
RN Night Shifts	89.5%	-10.5%	
HCA/AP Day Shifts	104.7%	+4.7%	The positive variance is due to additional HCA staff required to cover the RN shortfalls.
HCA/AP Night Shifts	102.8%	+2.8%	The positive variance is due to additional HCA staff required to cover the RN shortfalls.

Ward B (Ward 6 re-located to Ward B on 21.12.16)

Ward B is a 24 bedded mixed gender elective orthopaedic ward with 16 single rooms with en-suite and 3 bays each with 4 beds. The 4 bedded Increased Dependency Area (IDA) for patients requiring a higher level of Nursing observation is also located in this ward.

Staff requirements for each shift (a change in staffing establishment to take account of the new ward environment is reflected in tables below):

Ward B

	Early Shift	Late Shift	Night Shift
Monday - Saturday	3 RN 3 AP/HCA	3 RN 3 AP/HCA	3 RN 3 AP/HCA
Sunday	3 RN 3 AP/HCA	3 RN 2 AP/HCA	3 RN 2 AP/HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	96.2%	-3.8%	There were unfilled shifts during the

			month due to sickness and vacancy. There was reduced bed occupancy therefore safe staffing was maintained.
RN Night Shifts	92.9%	-7.1%	There were unfilled shifts during the month due to sickness and vacancy. There was reduced bed occupancy therefore safe staffing was maintained.
HCA/AP Day Shifts	91.1%	-8.9%	There were unfilled shifts during the month due to sickness and vacancy. There was reduced bed occupancy therefore safe staffing was maintained.
HCA/AP Night Shifts	123.9%	+23.9%	The positive variance is due to additional HCA staff required to cover the RN shortfalls and to support patients' who required 1:1 care due to high risk of falls and post-operative delirium.

Red Flag Escalation for March 2016 (Combination of Datix incident reports and daily monitoring of staffing by Divisional Matrons):

Ward	Unplanned omission in providing medication	Delay of 30 minutes in providing pain relief	Patient vital signs not assessed or recorded as outlined in the care plan	Intentional rounding	Less than 2 Registered Nurses present on a ward during any shift	A shortfall of more than 8 hours or 25% of Registered Nurse time available compared with the actual requirement for the shift	Number of unpaid breaks not taken by staff
Taylor	0	0	0	0	0	0	0
Astley	0	0	0	0	0	31	2
Acute Stroke	2	0	0	0	0	1	5
Coronary Care Unit	0	0	0	0	0	3	1
Ince	0	0	0	0	2	0	2
Pemberton	0	0	0	0	0	0	0
Shevington	0	0	0	0	0	0	0
Standish	0	0	0	0	0	0	0
Winstanley	0	0	0	0	0	0	0
A and E	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Lowton	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
MAU	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Intensive Care	0	0	0	0	0	0	0
Langtree	0	0	0	0	0	14	0
Orrell	0	0	0	0	0	9	0
Swinley	0	0	0	0	0	0	0
Maternity Unit	0	0	5	5	0	3	1
Rainbow	0	0	0	0	0	0	2
Neonatal	0	0	0	n/a	0	2	0
Aspull	1	0	0	0	0	26	0
A (Previously 5)	1	0	0	0	0	0	0
B (Previously 6)	1	0	0	0	0	0	0

Safe Staffing Summary - Inpatient Wards

March 2016

Site	Ward	Day Shift - Average fill rate - registered nurses/midwives (%)	Day Shift - Average fill rate - care staff (%)	Night Shift - Average fill rate - registered nurses/midwives (%)	Night Shift - Average fill rate - care staff (%)	Day Shift - Variance to plan registered nurses/midwives (%)	Day Shift - Variance to plan - care staff (%)	Night Shift - Variance to plan registered nurses/midwives (%)	Night Shift - Variance to plan - care staff (%)	Sickness (%)	Vacancies (%)	MRSA	CDiff	Falls - moderate and above	Pressure Ulcers Grade 3 and 4	Nursing Care Indicators	Red Flags***
RAEI	Acute Stroke Unit	99.1%	108.7%	92.1%	111.9%	-0.89%	8.73%	-7.92%	11.93%	3.23%	2.04%	0	0	0	0		8
RAEI	Aspull	100.5%	87.0%	66.4%	175.8%	0.53%	-13.04%	-33.63%	75.81%	4.41%	0.34%	0	0	0	0		27
RAEI	Astley	85.4%	128.0%	66.7%	203.6%	-14.60%	27.95%	-33.32%	103.59%	8.66%	2.81%	0	0	0	0		33
RAEI	Coronary Care Unit*	86.3%	79.7%	98.9%	-	-13.66%	-20.32%	-1.08%	N/A	0.44%	0.00%	0	0	0	0		4
RAEI	Ince	78.6%	99.1%	68.9%	147.9%	-21.36%	-0.92%	-31.09%	47.95%	1.85%	2.84%	0	0	0	0		4
RAEI	Intensive Care Unit / High Dependency Unit**	74.7%	69.3%	96.2%	-	-25.29%	-30.70%	-3.80%	N/A	4.16%	0.00%	0	0	0	0		0
WNT	John Charnley Wing	107.9%	83.7%	101.8%	115.8%	7.87%	-16.32%	1.76%	15.84%	-	-	0	0	0	0		-
RAEI	Langtree	90.5%	101.5%	98.1%	105.0%	-9.49%	1.51%	-1.91%	4.99%	3.75%	0.33%	0	0	0	0		14
RAEI	Maternity Unit	95.6%	85.8%	96.0%	86.4%	-4.40%	-14.22%	-3.96%	-13.65%	9.45%	0.64%	0	0	0	0		14
RAEI	Neonatal Unit	87.0%	52.6%	98.4%	-	-12.95%	-47.38%	-1.55%	-	4.53%	0.00%	0	0	0	0		2
RAEI	Orrell	73.3%	85.5%	100.0%	86.4%	-26.69%	-14.47%	0.00%	-13.59%	8.79%	5.96%	0	0	0	0		9
RAEI	Pemberton	73.9%	149.2%	96.8%	125.7%	-26.08%	49.25%	-3.23%	25.73%	7.55%	17.81%	0	0	0	0		0
RAEI	Rainbow	71.4%	77.7%	96.1%	64.5%	-28.56%	-22.34%	-3.94%	-35.48%	13.70%	2.36%	0	0	0	0		2
RAEI	Shevington	92.4%	100.4%	101.6%	102.5%	-7.58%	0.37%	1.61%	2.49%	8.12%	2.05%	0	0	0	0		0
RAEI	Standish	84.3%	120.3%	99.6%	127.9%	-15.73%	20.27%	-0.44%	27.86%	3.33%	0.96%	0	0	0	0		0
RAEI	Swinley	79.3%	102.1%	78.2%	98.4%	-20.73%	2.08%	-21.80%	-1.61%	8.93%	6.49%	0	0	0	0		0
LEI	Taylor Rehabilitation Unit	103.6%	75.2%	104.8%	95.9%	3.63%	-24.82%	4.84%	-4.11%	6.62%	3.18%	0	0	0	0		0
WNT	Ward A	80.1%	104.7%	89.5%	102.8%	-19.89%	4.66%	-10.46%	2.81%	1.60%	0.00%	0	0	0	0		1
WNT	Ward B	96.2%	91.1%	92.9%	123.9%	-3.82%	-8.92%	-7.13%	23.85%	7.42%	0.00%	0	0	0	0		1
RAEI	Winstanley	71.6%	91.0%	117.7%	141.0%	-28.41%	-8.95%	17.74%	41.02%	5.95%	0.00%	0	0	1	0		0

Note:

This summary is intended to supplement the monthly safe staffing exception report - please see this report for full details, including comments and actions

*Coronary Care does not have an establishment for care staff on the night shift, no hours have been worked by care staff on this shift during July

**ICU/HDU does not have an establishment for care staff on the night shift

Sickness absence/Vacancy data is as at 12/04/2016 (in month rate) 1st Run

Nursing Care Indicators:

Achieved
Failed

Red Flags - Monthly Trend

Month	Unplanned omission in providing medication	Delay of 30 minutes in providing pain relief	Patient vital signs not assessed or recorded as outlined in the care plan	Intentional rounding	Less than 2 Registered Nurses present on a ward during any shift	A shortfall of more than 8 hours or 25% of Registered Nurse time available compared with the actual requirement for the shift	Number of unpaid breaks not taken by nursing staff	Total
Jan-15	0	0	1	0	0	0		1
Feb-15	4	0	0	7	0	73		84
Mar-15	1	0	37	52	2	90		182
Apr-15	0	2	13	34	0	82		131
May-15	2	0	0	2	0	92		96
Jun-15	2	0	0	0	0	77		81
Jul-15	1	1	13	13	3	106		137
Aug-15	0	0	3	3	0	35		41
Sep-15	0	0	3	9	3	79		94
Oct-15	0	0	0	14	4	94	6	118
Nov-15	2	0	0	13	0	90	16	121
Dec-15	8	0	5	9	0	94	2	118
Jan-16	1	1	3	5	3	79	5	97
Feb-16	3	0	2	2	7	83	8	105
Mar-16	5	0	5	5	2	89	13	119
Total	29	4	85	170	24	1163	50	1525

Data sources:

Monthly safe staffing return submitted to the Department of Health via Unify, Sickness Absence\Vacancies - HR, Infection Control - infection control team, Falls, Pressure Ulcers, Staffing incidents - Datix Red Flags - exception report

Safe Staffing Summary - Emergency Care

March 2016

Site	Ward	Day Shift - Average fill rate - registered nurses/midwives (%)	Day Shift - Average fill rate - care staff (%)	Night Shift - Average fill rate - registered nurses/midwives (%)	Night Shift - Average fill rate - care staff (%)	Day Shift - Variance to plan registered nurses/midwives (%)	Day Shift - Variance to plan - care staff (%)	Night Shift - Variance to plan - registered nurses/midwives (%)	Night Shift - Variance to plan - care staff (%)	Sickness (%)	Vacancies (%)
RAEI	A&E Emg Care	79.8%	96.8%	87.7%	155.1%	-20.2%	-3.2%	-12.3%	55.1%	3.73%	0.07%
RAEI	A&E Paeds	105.0%		92.3%		5.0%		-7.7%		0.00%	2.40%
RAEI	A&E NP's	85.5%		119.4%		-14.5%		19.4%		0.97%	8.44%
RAEI	CDW	75.9%	70.3%	100.0%	80.6%	-24.1%	-29.7%	0.0%	-19.4%	14.97%	12.20%
RAEI	Lowton	77.6%	91.5%	92.5%	141.0%	-22.4%	-8.5%	-7.5%	41.0%	4.66%	0.00%
RAEI	MAU	79.5%	99.0%	97.9%	124.3%	-20.5%	-1.0%	-2.1%	24.3%	4.66%	4.21%

Note:

This summary is intended to supplement the monthly safe staffing exception report - please see this report for full details, including comments and actions

Sickness absence/Vacancy data is as at 12/04/2016 (in month rate) 1st Run

Data sources:

Monthly safe staffing return submitted to the Department of Health via Unify, Sickness Absence\Vacancies - HR, Infection Control - infection control team, Falls, Pressure Ulcers, Staffing incidents - Datix Red Flags - exception report