

Trust Board – Part 1

Agenda Item	19.	Date: 24.02.16																																																
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	Pauline Law, Acting Director of Nursing																																																	
Presented by:	Pauline Law, Acting 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 (BAF)</td> <td>If Yes, Score</td> <td>Various</td> </tr> </table>	No		Yes	X (BAF)	If Yes, Score	Various																																											
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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 – January 2016

1.0 INTRODUCTION

This report provides a monthly summary of Safe Staffing on all in-patient wards across the Trust, with a more detailed analysis of safe staffing on Rainbow Ward. 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 escalation and response to red flags is illustrated by the flow chart on page 19. 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, and will include 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.

3.0 RECRUITMENT

A total of 75 International nurses have commenced with us since January 2014 and 53 are still in post. A further 12 overseas Nurses arrived at the Trust at the end of January and have commenced their induction programme. Three more overseas recruitment projects are planned in February and March.

Recruitment of Student Nurses continues although there will not be a cohort of UCLAN Student Nurses qualifying in April 2016.

Following the success of the November Open Day, the Division of Medicine is planning an event to attract recruits into Acute Medicine. A further general recruitment event is planned for Spring Time.

4.0 RAINBOW WARD

The Care Quality Commission (CQC) conducted a comprehensive inspection at the Trust on 9 to 11 December 2015, and at the time raised concerns about Paediatric services on Rainbow Ward. The most significant concern related to the Trust's lack of compliance in respect of the Royal College of Nursing guidance on nurse staffing (2013) (Paediatric).

The Trust immediately took action and the CQC inspected Rainbow ward and the neonatal unit again on the evening of 21 December 2015, at which time they were assured that their concerns had been responded to. The Trust continues to provide assurance to the CQC through monthly submissions of information. A more detailed report can be found in Appendix 3.

The impact on children requiring admission for elective surgery and non-elective care is included in the section related to Rainbow ward within Appendix 1.

5.0 CONCLUSION

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.

6.0 RECOMMENDATIONS

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

Mark Keegan
Assistant Director of Operational Nursing

SAFE STAFFING EXCEPTION REPORT – JANUARY 2016

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	105.9%	+5.9%	
RN Night Shifts	100%	0	
HCA/AP Day Shifts	89.7%	-10.3%	1.5 vacancy in recruitment.
HCA/AP Night Shifts	100%	0%	

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	87.8%	12.2%	1 maternity leave, not back filled 2 vacancies recruited to awaiting start dates 1 secondment not back filled 3 preceptorship. 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.
RN Night Shifts	69.3%%	-30.7%	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	110.8%	+10.8%	Increased shifts used to back fill trained nurses.
HCA/AP Night Shifts	192.8%	+92.8%	Additional CSW requested to support increased patient acuity and 1:1 care. Assistant practitioners worked to cover short fall in trained staff.1 assistant practitioner redeployed to escalation area.

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	93%	-7%	One on part time secondment.
RN Night Shifts	96.9%	-3.1%	
HCA/AP Day Shifts	97.2%	-2.8%	
HCA/AP Night Shifts	112.5%	+12.5%	Extra HCA used for night duty to care for patients that require 1:1 care; these staff are not utilised in the day as more staff are on the ward during the day.

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	74.2%	-25.8%	2 maternity leave not back filled, 0.69 vacancy not filled 3 preceptorship sickness leading to shortfalls in staffing levels, bank staff used and staff deployed from

			other areas to keep unit safe one new starter commencing in March.
RN Night Shifts	100.2%	+0.2%	As above.
HCA/AP Day Shifts	74.5%	-25.5%	Increase use of escalated beds and patients requiring 1:1 care with dementia. Staff redeployed on a shift basis from CCL; Occasional bank staff used.
HCA/AP Night Shifts	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	77.2%	-22.8%	3 on preceptorship 2 awaiting start dates in March,
RN Night Shifts	83.1%	-16.9%	As above
HCA/AP Day Shifts	95.6%	-4.4%	
HCA/AP Night Shifts	131.1%	+31.1%	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	83.2%	-16.8%	2 .78 vacancy in recruitment 2 on preceptorship.
RN Night Shifts	93.1%	-6.9%	
HCA/AP Day	150.2%	+50.2%	1 maternity leave not back filled

Shifts			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	132.7%	+32.7%	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	103.4%	+3.4%	1 maternity leave, 2 in preceptorship. 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.
RN Night Shifts	100.0%	0	
HCA/AP Day Shifts	93.1%	-6.9%%	1 long term sick being managed according to policy, 2 on rehab program return following long term sick Increased CSW requested due to patient requiring 1:1 and to back fill short fall in registered nurses.
HCA/AP Night Shifts	114.1%	+14.1%	As above.

Staff requirements for each shift:

Standish Ward

	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	102.8%	+2.8%	1 on maternity leave not back filled

RN Night Shifts	105.7%	+5.7%	1 on maternity leave not back filled; 1 long term sick.
HCA/AP Day Shifts	92.6%	-7.4%	1 long term sick 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	125.4%	+25.4%	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.

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	68.6%	-31.4%	1 maternity leave not back filled Skill mix poor due to high number of newly qualified staff and 1 preceptorship 3.23 long term sick.
RN Night Shifts	118.6%	+18.6%	
HCA/AP Day Shifts	99.4%	-0.6%	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	152.5%	+52.5%	1.79 maternity leave; increase in HCA/AP worked due to short fall in RN.

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.

	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	87.5%	-12.5%	1.0 LTS. Some short term sickness. We have 2 WTE Vacancies out to recruitment .NHSP utilized and staff rosters altered in order to maintain safe staffing position.
RN Night Shifts	94.1%	-5.9%	1.00 staff on long term Sick. Short term sickness. NHSP utilized and staff rosters altered in order to maintain safe staffing position.
HCA/AP Day Shifts	91.0%	-9.0%	2 WTE vacancies. NHSP requested and roster rearranged to maintain safe staffing position.
HCA/AP Night Shifts	143.5%	+43.5%	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 are supervised by trained staff, thus maintaining safe staffing.

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	82.1%	-17.9%	1 WTE Vacancy out to advert and some short term sickness.
RN Night Shifts	98.5%	-1.5%	Short term sickness unable to re arrange roster for this particular week. NHSP Requested but not filled.
HCA/AP Day Shifts	116.2%	+16.2%	Additional HCA used to backfill any uncovered RN shifts.

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
HCA/AP Night Shifts	103.8%	+3.8%	One shift uncovered; not filled with NHSP.

MAU

MAU is a **25 bedded medical assessment** receiving ward. This ward accommodates both male and female patients. The ward is split into bays and has 4 side rooms. The ward is staffed with registered and unregistered nurses (including assistant practitioners).

	Early Shift	Late Shift	Night Shift
Monday - Sunday	5 registered 3 unregistered	4 registered 3 unregistered	3 registered 2 unregistered

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	83.9%	-16.1%	Vacancy currently 4.22* 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 waiting to start*.
RN Night Shifts	97.7%	-2.3%	As above.
HCA/AP Day Shifts	82.7%	-17.3%	0.64 wte vacancy (1 ML) 2.00 wte new starters end of jan/feb – now in. Episodes of short term sickness.
HCA/AP Night Shifts	104.8%	+ 4.8%	Filling registered shifts with unregistered were able due to registered shifts not being filled by own staff or by NHSP.

Lowton Ward

Lowton Ward is a **28 bedded medical assessment** receiving ward. This ward accommodates both male and female patients. The ward is split into bays and has 4 side rooms. The ward is staffed with registered and unregistered nurses (including assistant practitioners).

	Early Shift	Late Shift	Night Shift
Monday - Sunday	5 registered 4 unregistered	4 registered 3 unregistered	3 registered 2 unregistered

	Compliance	Variance to	Comments/Actions
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	with planned staffing %	planned staffing %	
RN Day shifts	85.5%	-14.5%	2.52 wte vacancy 1 x 0.64 LTS returned end of Jan/Feb 1 wte Mat leave 1 wte secondment Recruitment in progress. Shifts covered by NHSP.
RN Night Shifts	96.2%	-3.8%	As above.
HCA/AP Day Shifts	87.8%	-12.2%	1.0 wte LTS Periods of STS.
HCA/AP Night Shifts	127.1%	+27.1%	Increase in staffing on nights 1 x band 2 increasing to 3/3 at night.

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	95.8%	-4.2%	There were unfilled shifts during the month, when there was 1 less RN than planned to be on duty, due to staff vacancies & maternity leave. Staff were redeployed from other areas to support safe staffing and reduced bed occupancy at times allowed for altered staffing.
RN Night Shifts	70.4%	-29.6%	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	78.1%	-21.9%	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	202.3%	+102.3%	A 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

28 bedded elective 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 3 AP/HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	83.3%	-16.7%	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	88.5%	-11.5%	
HCA/AP Day Shifts	104.8%	+4.8%	The positive variance is due to additional HCA staff required to cover the RN shortfalls.
HCA/AP Night Shifts	95.6%	-4.4%	There were unfilled shifts during the month due to sickness and vacancy. There was reduced bed occupancy therefore safe staffing was maintained.

Ward B

24 bedded elective 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	3 RN 3 AP/HCA	3 RN 3 AP/HCA	3 RN 3 AP/HCA

	Compliance	Variance to	Comments/Actions
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	with planned staffing %	planned staffing %	
RN Day shifts	98.6%	-1.4%	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	95.2%	-4.8%	
HCA/AP Day Shifts	85.4%	-14.6%	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	92.9%	-7.1%	

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	85.7%	-14.3%	1 RN and 4 RN on maternity leave. Several shifts had RN sickness, despite this increased RN cover this month.
RN Night Shifts	100.4%	+0.4%	Increased RN cover this month. 2 RN nurses redeployed to a surgical and a medical ward for a night shift.
HCA/AP Day Shifts	78.8%	-21.2%	

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	91.8%	-8.2%	Increased RN cover this month. Safe staffing provided
RN Night Shifts	109.8%	+9.8%	
HCA/AP Day Shifts	97.8%	-2.2%	
HCA/AP Night Shifts	103.4%	+3.4%	

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	85.6%	-14.4%	Improved RN cover from last month. Many shifts backfilled by NHSP and ward AP on several occasions but a few short notice cancellations by NHSP staff
RN Night Shifts	100.0%	+0.0%	
HCA/AP Day Shifts	75.5%	-24.5%	1HCA vacancy and sickness which has reduced planned HCA cover. Patient care has not been compromised as staff redeployed when required from other wards
HCA/AP Night Shifts	99.5%	-0.5%	

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	81.7%	-18.3%	Increased RN availability this month the addition of some NHSP staff has provided safe staffing
RN Night Shifts	75.6%	-24.4%	NHSP cover on most shifts with full complement of HCA's to support RN's
HCA/AP Day Shifts	113.4%	+13.4%	
HCA/AP Night Shifts	110.0%	+10.0%	

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	93.8%	- 6.2%	4.3 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	90.7%	- 9.3%	4.3 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	79.6%	- 20.4%	Vacancy 0.88 WTE. 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	94.7%	- 5.3%	Vacancy 0.88 WTE. Combination of short and long term sickness. Safe staffing maintained by utilisation of HCA bank staff and team working.

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	75.6%	-24.4%	2 vacancy Short term sickness Long term sickness 2 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	95.3%	-4.7%	2 vacancy

			2 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	80.5%	-19.5%	1 maternity leave Some short term sickness. NHSP staff used to cover shortfall and existing staff overtime.
HCA/AP Night Shifts	71%	-29%	1 maternity leave Some short term sickness. NHSP staff used to cover shortfall and existing staff overtime.
<p>During the month of January safe staffing has been maintained within the framework set out in the Standard Operational Procedures for the safe running of Rainbow ward and Escalation procedure. There have not been any instances of children’s surgery being cancelled or children being transferred to other Hospitals due to the unavailability of beds.</p>			

Neonatal Unit

Staff requirements for each shift:

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

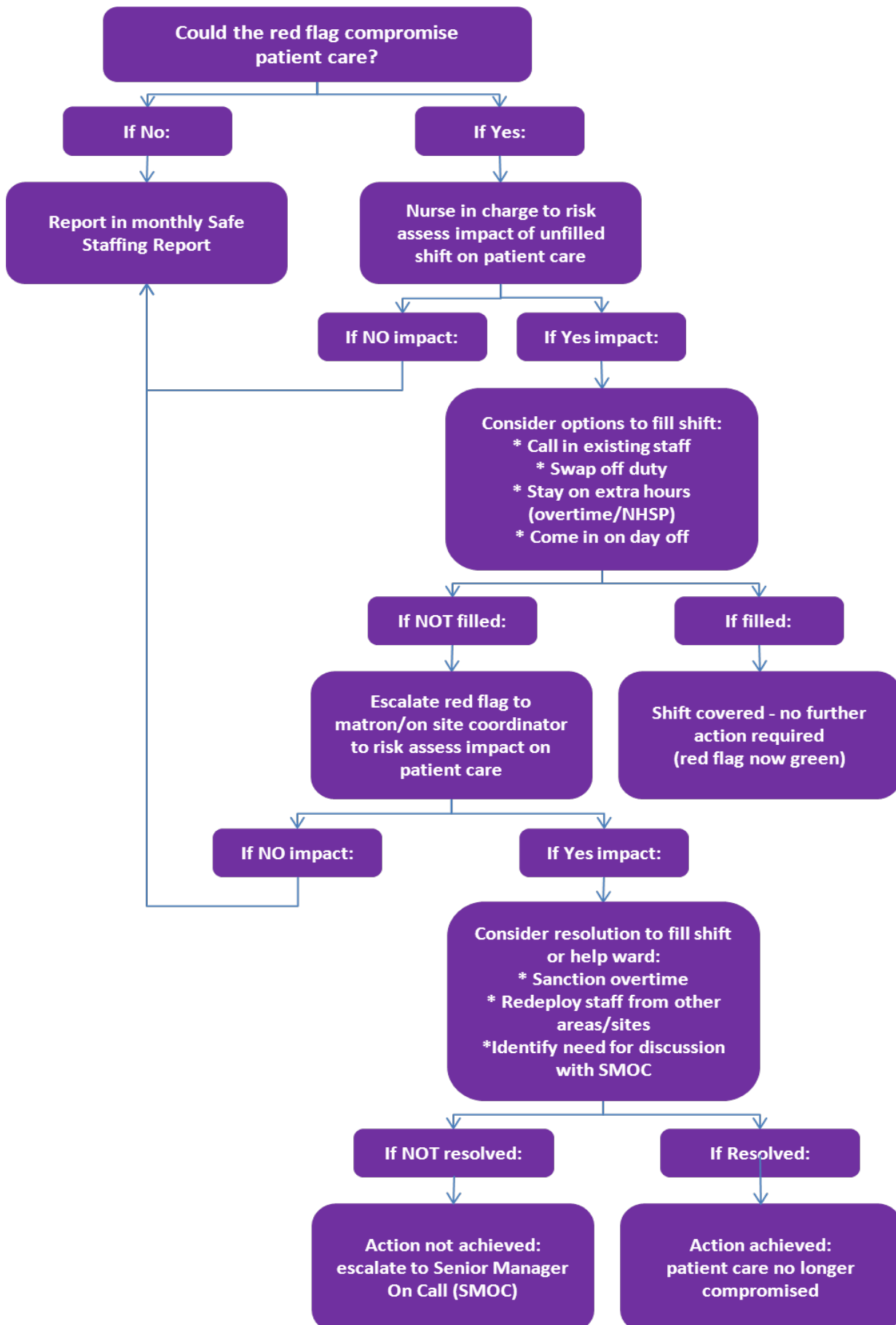
	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	85.7%	-14.3%	1 Adoption leave 2 Maternity leave 1 secondment 1 vacancy 1 moved to other dept. awaiting OH Long term sickness and short term sickness. Patient safety not compromised due to dependency and patient 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	97.6%	-2.4%	1 Adoption leave 1 Maternity leave

			<p>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.</p>
HCA/AP Day Shifts	63.1%	-36.9%	Short term sickness.
HCA/AP Night Shifts	N/A	N/A	HCA not routinely rostered onto night duty unless for 1:1 support.

Red Flag Escalation (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	24	1
Acute Stroke Unit	0	0	0	0	0	0	0
Coronary Care Unit	0	0	0	0	0	5	0
Ince	0	0	0	0	0	0	0
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	3	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 Unit	0	0	0	0	0	0	0
Langtree	0	0	0	0	0	8	0
Orrell	0	0	0	0	0	8	0
Swinley	0	0	0	0	0	0	0
Maternity Unit	0	0	3	5	0	9	0
Rainbow	0	0	0	0	0	0	0
Neonatal	0	0	0	0	0	4	3
Aspull	0	0	0	0	0	21	1
A (Previously 5)	1	0	0	0	0	0	0
B (Previously 6)	0	1	0	0	0	0	0

Escalation & Response to Red Flags in Safe Staffing



Safe Staffing Summary - Inpatient Wards

January 2015

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	Datix Incidents - related to staffing	Red Flags***
RAEI	Acute Stroke Unit	93.0%	97.2%	96.9%	112.5%	-7.01%	-2.78%	-3.08%	12.46%	6.27%	3.41%	0	0	0	0	N/A	0	0
RAEI	Aspull	95.8%	78.1%	70.4%	202.3%	-4.22%	-21.85%	-29.57%	102.35%	5.97%	10.31%	0	0	0	0	N/A	0	22
RAEI	Astley	87.8%	110.8%	69.3%	192.8%	-12.16%	10.84%	-30.74%	92.82%	5.57%	5.37%	0	0	0	0	N/A	0	25
RAEI	Coronary Care Unit*	74.2%	74.5%	100.2%	-	-25.77%	-25.48%	0.20%	N/A	0.45%	0.00%	0	0	0	0	N/A	0	5
RAEI	Ince	77.2%	95.6%	83.1%	131.1%	-22.77%	-4.36%	-16.86%	31.09%	0.43%	7.89%	0	0	0	0	N/A	0	0
RAEI	Intensive Care Unit / High Dependency Unit**	85.7%	78.8%	100.4%	-	-14.28%	-21.21%	0.36%	N/A	1.20%	0.00%	0	0	0	0	N/A	0	0
RAEI	Langtree	91.8%	97.8%	109.8%	103.4%	-8.21%	-2.18%	9.82%	3.37%	4.38%	1.97%	0	0	0	0	N/A	0	8
RAEI	Maternity Unit	93.8%	79.6%	90.7%	94.7%	-6.19%	-20.41%	-9.30%	-5.27%	9.16%	0.64%	0	0	0	0	N/A	0	17
RAEI	Neonatal Unit	85.7%	63.1%	97.6%	-	-14.28%	-36.92%	-2.38%	-	5.37%	0.00%	0	0	0	0	N/A	0	7
RAEI	Orrell	85.6%	75.5%	100.0%	99.5%	-14.42%	-24.52%	0.00%	-0.49%	2.01%	10.06%	0	0	0	0	N/A	0	8
RAEI	Pemberton	83.2%	150.2%	93.1%	132.7%	-16.83%	50.21%	-6.89%	32.66%	8.10%	9.25%	0	0	0	0	N/A	0	0
RAEI	Rainbow	75.6%	80.5%	95.3%	71.0%	-24.36%	-19.51%	-4.66%	-29.03%	10.08%	0.00%	0	0	0	0	N/A	0	0
RAEI	Shevington	103.4%	93.1%	100.0%	114.1%	3.41%	-6.93%	0.00%	14.08%	6.59%	0.00%	0	0	0	0	N/A	0	0
RAEI	Standish	102.8%	92.6%	105.7%	125.4%	2.85%	-7.41%	5.72%	25.37%	4.54%	0.68%	0	1	0	0	N/A	0	0
RAEI	Swinley	81.7%	113.4%	75.6%	110.0%	-18.25%	13.44%	-24.36%	10.04%	3.10%	5.15%	0	0	0	0	N/A	0	0
RAEI	Winstanley	68.6%	99.4%	118.6%	152.5%	-31.43%	-0.62%	18.62%	52.49%	11.27%	0.00%	0	0	1	0	N/A	0	3
LEI	Taylor Rehabilitation Unit	105.9%	89.7%	100.0%	100.0%	5.89%	-10.33%	0.00%	0.00%	1.14%	2.81%	0	0	0	0	N/A	0	0
WNT	Ward A	83.3%	104.8%	88.5%	95.6%	-16.65%	4.84%	-11.53%	-4.44%	7.33%	0.00%	0	0	0	0	N/A	0	1
WNT	Ward B	98.6%	85.4%	95.2%	92.9%	-1.36%	-14.59%	-4.79%	-7.13%	8.12%	0.00%	0	0	0	0	N/A	0	1

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 and Vacancy data is as at 09/02/2016 (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	2	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								
Mar-16								
Total	21	4	78	163	15	991	29	1301

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

January 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 (%)	Datix Incidents - related to staffing
RAEI	A&E Emg Care	87.5%	91.0%	94.1%	143.5%	-12.5%	-9.0%	-5.9%	43.5%	6.28%	0.00%	0
RAEI	A&E Paeds	86.9%		79.6%		-13.1%		-20.4%		3.70%	2.40%	0
RAEI	A&E NP's	70.9%		105.9%		-29.1%		5.9%		0.00%	0.00%	0
RAEI	CDW	82.1%	116.2%	98.5%	103.8%	-17.9%	16.2%	-1.5%	3.8%	1.33%	6.83%	0
RAEI	Lowton	85.5%	87.8%	96.2%	127.1%	-14.5%	-12.2%	-3.8%	27.1%	3.26%	2.08%	0
RAEI	MAU	83.9%	82.7%	97.7%	104.8%	-16.1%	-17.3%	-2.3%	4.8%	3.45%	5.71%	1

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 09/02/2016 (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

Rainbow Ward

Introduction

The Care Quality Commission (CQC) conducted a comprehensive inspection at the Trust on 9 to 11 December 2015, and at the time raised concerns about Paediatric services on Rainbow Ward. The most significant concern related to the Trust's lack of compliance in respect of the Royal College of Nursing guidance on nurse staffing (2013) (Paediatric). This report provides an update on the Trust's response to the CQC's concerns and assurance that safe staffing is being maintained on Rainbow ward.

Background

Rainbow ward has 22 general paediatric beds and 2 HDU beds which are available 24/7 with core staffing of Registered Nurses and Care Support Workers. There are 10 surgical day case beds which are open Monday to Friday to support planned elective surgical lists. In addition to the ward establishment there are 4 play support specialists, a supernumerary Matron, Advanced Paediatric Nurse Practitioner and a Training and Development Lead Nurse.

The CQC Inspectors had concerns that the service did not meet the RCN Standards in "Defining Staffing Levels for Children and young people's services" 2013. Although this is advice and guidance, rather than mandatory standards, the Trust has always aimed to adhere to these standards. The CQC described their concerns as follows:

- A lack of a supernumerary shift supervisor to ensure effective management, training and supervision of staff as the shift supervisor on Rainbow Ward was counted in the staffing numbers.
- All nursing staff are trained in Paediatric life support, however none were trained in Advanced Paediatric Life Support resulting in a shortfall in compliance to have at least one nurse per shift with advanced skills. The Paediatric Consultants and tier 2 doctors have advanced training and cover all resuscitation calls; however there remained a heightened risk at night (after 1am) when the Paediatric service in the A&E department ceased.
- The service does not use a patient acuity assessment tool. This means that there is no evidence base for any adjustments in nurse staffing levels that would ensure the appropriate care and treatment of patients in line with their age and clinical needs.
- This was significant as there are two beds on the ward classed as high dependency beds. Consequently children placed in those beds would require more intensive nursing however, there were no clear plans in place to ensure appropriate additional staffing was provided when required.

It is important to recognise that despite the concerns the CQC were assured that the Paediatric service is very safe with demonstrable positive clinical outcomes and patient experience feedback.

Response to CQC concerns:

Two listening events for staff from the Paediatric Service were held, attended by the Trust's Chief Executive, Director of Nursing and all members of the Paediatric Management Team. The staff welcomed the opportunity to attend the listening events and was positive in their responses. The main conclusion was that the Paediatric service will move from a system of

reactively addressing pressures to one of proactive planning and with a clear escalation procedure.

- Nurse Staffing Review and Supernumerary Shift Supervisor:
 - As part of the nurse staffing review the shift supervisor will become supernumerary. A business case is being developed to support the agreed staffing requirements in line with RCN recommendations; therefore it may take a period of time to be fully compliant with this standard.
 - The process of recruiting Registered Nurses to maintain current establishment continues, and interviews are taking place during February. There is a nominated nurse for HDU on each shift, long term placements are being sought via NHS Professionals, and Paediatric Outpatient nursing staff are used flexibly on Rainbow at time of pressure.
 - To complement the nursing establishment there is also a supernumerary: Matron, Advanced Nurse Practitioner (APLS trained); Paediatric Training and Development Nurse Specialist; and four supernumerary Children's Play Specialists.
 - Nurse duty rotas are always planned six weeks ahead, and now all theatre activity and any (expected) seasonal peaks in non-elective admissions will be taken into account to inform more robust planning of duty rotas.
 - Standard Operational Procedures for the safe running of Rainbow ward and Escalation procedure were developed, ratified and circulated to all relevant staff. Safe staffing reviews take place 4 times per day and a staffing report template is completed to record staff numbers, ward and HDU occupancy. Safe minimum staffing numbers are maintained on each shift in accordance with the SOP, including defined mitigation and escalation.

- APLS training:
 - Five places have been secured on an APLS course in March 2016 with further places being sought for earlier in the New Year. Priority is allocated to the Paediatric shift leaders, staff who provide HDU care followed by all trained staff.
 - All nursing staff are PLS trained and there is 24/7 APLS trained cover provided by the Middle Grade and Consultant Medical rota. Additionally, all nurses in Paediatric A&E have APLS accreditation as well as the APNP sited on Rainbow Ward.
 - Staff who regularly nurse HDU cases will be fully trained and assessed against HDU competencies which are being developed by the Training & Development Lead for Children's Services.

- Patient Acuity Assessment Tool:
 - The Paediatric Acuity and Nurse Dependency Assessment (PANDA) tool has been utilised by Paediatric Services previously. This has been deemed not suitable as it is more applicable to intensive specialist paediatric nursing. The Trust is currently exploring the use of other evidence based acuity tools.

- HDU beds:
 - Rainbow Ward HDU will always be staffed appropriately with 1 RSCN to 2 patients.

- Staff Support and Development:
 - The Senior Nursing team are all attending a Development Centre supported by the trust Engagement Team in February.
 - The Staff Engagement Pioneer Team work will commence in March with the Pulse check being undertaken prior to commencement.

- Robust support, communication and channels for escalation have been implemented, as outlined in the Standard Operational Procedures for the safe running of Rainbow ward and Escalation procedure (embedded below).

Bed Bureau

Paediatric activity is heavily influenced by seasonal variation in childhood illness and injury. Standards that can be met with ease for 80% of the year come under huge pressure for short periods of time. Although Trusts plan for peak activity, there are times when bed capacity is stretched. In response to this, the network of Paediatric units across Greater Manchester has implemented a paediatric bed bureau. This is run by the PANDA unit at Salford Royal NHS Foundation Trust and is open 8am to midnight, 7 days per week.

Conclusion

Concerns about the Trust's compliance in respect of the Royal College of Nursing guidance on nurse staffing (2013) on Rainbow ward was raised during the CQC's comprehensive inspection during December 2016. It is important to recognise that despite the concerns the CQC were assured that the Paediatric service is very safe with demonstrable positive clinical outcomes and patient experience feedback. The Trust provided the necessary assurance to demonstrate that the concerns were seriously improvements continue to be monitored.