Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 1st December 2016 - PUBLIC

TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	**PRESENTER:**	Dawn Wardell Chief Nurse

CORPORATE OBJECTIVE:
SO1 – Deliver a great patient experience
SO2 – Safe and caring services
SO3 – Drive service improvements, innovation and transformation
SO4 – Be the place people chose to work
SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:

For the months of October/November (as at 23.11.16)

- No post 48 hr MRSA bacteraemia cases since 27th September 2015.
- No Norovirus.
- As of this date the Trust has had 25 cases in 2016/17. So far 15 cases have had their lapses in care determined; 6 of these cases were associated with a lapse in care.

Six Monthly Safer Nursing Tool

- The situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality and staffing.
- EAU, ED and A2 are not suitable for inclusion into the SNCT tool, separate reviews are underway in these areas and will be reported back once complete.
- NHS Improvement has stated that forthcoming guidance on safe staffing for inpatients will be published for consultation next month. Emergency, maternity, community and children's services will be being published for consultation early in the new year.

Safer Staffing

- Shortfall shifts total figure for this month is 136 which is increased from the last month (59).
- The RAG rating system has been rolled out across the wards with 18 red shifts in total across 7 areas in this month using this methodology. No safety issues were identified.
- Shortfall shifts were reviewed and no safety issues identified that affected the quality of care.
- The Care Hours Per Patient Day (CHPPD) is reported in a limited way in this board report.

Nursing Care Indicators

- There is one escalation at level 4 which is the same area as the one in the previous report and there are two escalations at level 3 now in place.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** • Failing to meet initial target for CDiff now amended to avoidable only (Score 10) • Nurse Recruitment – unable to recruit to vacancies in nursing establishments to meet NICE guidance for nurse staffing ratios (Score 20)
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** Safe and effective care
	Monitor	Y	**Details:** MRSA and C. difficile targets Agency capping targets
	Other	Y	**Details:** Compliance with Health and Safety at Work Act.

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE BOARD: To receive the report and note the contents.

Chief Nurse Report

Infection Prevention and Control Report

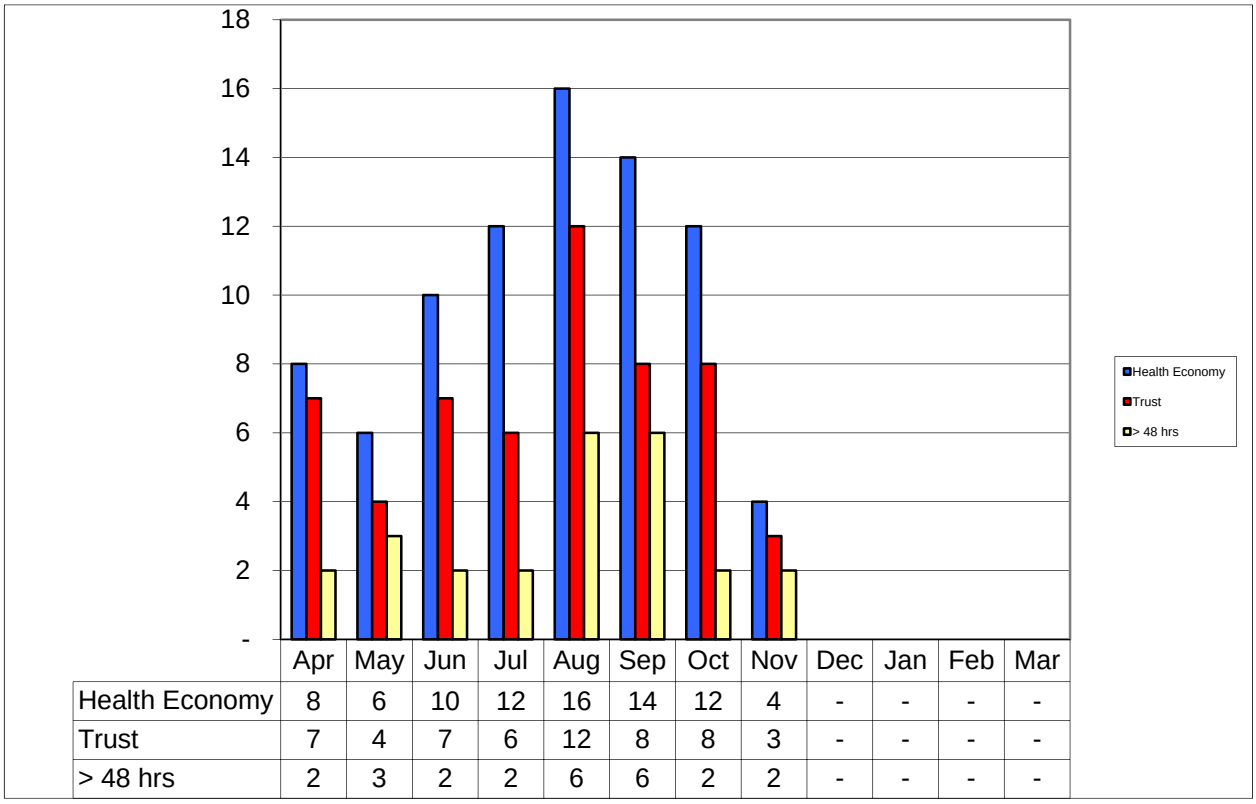
Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (23.11.16) we have 2 post 48 hour cases recorded in November 2016.

The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues.

For the financial period 2016/17, of the 25 post 48 hour cases identified since 1st April 2016, 15 cases have been reviewed and apportionment has been agreed (6 cases associated with lapse in care with 9 cases associated with no lapse in care) and 10 cases are pending.

There is a Trustwide C. difficile action plan in place to address issues identified by the RCA process as well as local plans for each individual case. Progress against the plan is recorded at the Infection Prevention Forum.

C. DIFFICILE CASES 2016/17



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	8	6	10	12	16	14	12	4	-	-	-	-
Trust	7	4	7	6	12	8	8	3	-	-	-	-
> 48 hrs	2	3	2	2	6	6	2	2	-	-	-	-

MRSA bacteraemia (Post 48 hrs) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - no further cases.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation, Public Health England.

PART ONE - Six Monthly Nurse Staffing Review

A. INTRODUCTION

This paper provides an overview of the nurse staffing situation at the Trust. It is the sixth six monthly paper following the recommendations of the national publications 'How to ensure the right people, with the right skills, are in the right place at the right time' and 'Hard Truths'. It contains data from the last four exercises using the Safer Nursing Care Tool (SNCT) for all wards in the Trust for which the tool is applicable. It also contains present establishment data for comparison purposes which generally come from the internal Ward Review undertaken in early 2014, although a number of ward changes and their associated establishments have changed since that time. From the first paper in early 2014, the Board decided to adopt the figures from the Ward Review and agreed an extra £3million to increase the nurse establishment. The paper also contains a number of quality indicators for each ward (or Nurse Sensitive Indicators (NSIs) as the SNCT designates them).

In Part 2, the paper provides the now monthly information for the month of October 2016 on actual staffing levels at the Trust in relation to planned registered and unregistered staff.

B. SAFER NURSING CARE TOOL (SNCT)

1. The Trust and the Safer Nursing Care Tool

The tool is a recognised method for assessing staffing needs. The exercise requires ward staff to assess patient dependency (and place patients into 1 of 5 care groups) over a twenty day period (Monday to Friday over four weeks). As the descriptions of each category are open to interpretation, it can be seen that it contains a professional judgement of which group every patient falls into. There therefore needs to be consistency of assessment. It is worth noting that the originators of the tool indicate that this is an 'adult, generic' tool. It states that the tool is being further developed to better reflect the complexities of caring for older people in acute care wards.

2. Second Element of the Tool

As well as determining the level of acuity/dependency of all patients and calculating the nurse staffing required per ward based on the actual needs of those patients, the second element of the tool describes Nurse Sensitive Indicators (NSIs) such as care undertaken, patient feedback, complaints, pressure ulcers and falls. Monitoring NSIs is recommended to ensure that staffing levels deliver the patient outcomes that we aim to achieve. However, even with optimum staffing establishments poor patient outcomes may result due to other reasons such as high turnover, sickness, leave or unfilled vacancies. The Trust chosen NSIs are RAG rated but there has been a recent change in the RAG criteria for the FFT as indicated in the table below (these new criteria have only been applied to the October 2016 results):

RAG Rating	RED	AMBER	GREEN
Nursing Care Indicators, Nutrition Audit, Saving Lives	**≤84**	**85-94**	**≥95**
FFT	(below national average) **≤96.2**	(national average and above but below top 20% of trusts nationally) **96.3-97.3**	(equal to top 20% of trusts) **≥97.4**

3. Overview of SNCT Data

There are some fixed parameters within the SNCT e.g. the times allocated to each patient category. With regards to the parameters that are within the power of the Trust, it has been decided to use an average 23% time out/headroom for annual leave etc. (only one value for all staff can be used and the tool suppliers suggest between 22-25%) while the accompanying Ward Review data (see Section C below) uses 23.2% for permanent RN staff and 22.46% for permanent unqualified staff. In addition, within the SNCT it was decided to use the same RN to unqualified split throughout (60:40 split RN to unqualified

staff) unlike the Ward Review, which has used differing figures for each ward. The SNCT default 68:32 has not been used.

It needs to be pointed out that the SNCT does not take into consideration any RN/patient ratio like the previous national directive of at least 1:8 RN/patient ratio for day shifts whilst this formed the basis of the RN calculations in the Ward Review (although recent communication from the centre indicates that this ratio should now be seen as guidance and is not a recommendation or directive, an issue that the Board of Directors have discussed). The tool also provides 'benchmarks' of the average percentage of each category of patient from the wards that took part in research on which the tool is based.

C. WARD REVIEW

Matrons, the then Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the then national requirement of at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consisted of experienced nurses considering a range of issues associated with a ward. The system looked at the staffing and grade mix needs for each of the seven days of the week both for the day and night shifts for both RN and unqualified staff. The resultant figures went through a number of iterations, ensuring that there was consistency between similar wards etc.

D. DATA

Section 4 below contains the summaries of key data from both the last four SNCT data collections and the Ward Review (or present establishment, if the ward and establishment has changed since the review) for each ward as well as the available Nurse Sensitive Indicators (NSIs), as described above.

In summary, with regards to the comparison between the ward review and SNCT figures, this needs to be interpreted with caution for the following reasons:

- For some wards there have been changes to bed numbers and specialities
- It needs to be remembered that the SNCT figures below do not take into account the workload associated with the numbers of admissions, discharges, transfers, escorts or deaths that occur on a ward and all of these activities take nursing time. Each ward will be different in this respect with some wards having a fairly stable population of patients while others, particularly assessment type areas, having possibly more than one person in a bed space during a twenty four hour period.
- In addition, the SNCT tool is based purely on the patient types and numbers in the 20 day study periods which do not include weekends.
- There are different percentages added in for relief/time-out/headroom
- No RN/patient ratio for day of night shifts is built into the SNCT.

4. SNCT and Comparative FTE Data

4.1. Ward A1

This ward is now closed

4.2. Ward A2

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	80	76	75	63	32
2	3	3	1	0	2
3	17	21	24	36	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	42	42	42	42	
Av Pat	41.5	36.6	40.1	39	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	28.3	25.6	28.4	29.6	38.64^/36.89*
HCAs required	18.9	17.1	18.9	19.7	38.41^/35.67*
Total FTE required	**47.2**	**42.6**	**47.3**	**49.3**	**77.05^/72.56***

^Figures are for March and Oct 2015 as the patient speciality of the ward changed after September 2014.
*Present establishment following a review after October 2015

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	97	100	86	96	88	91
Manual Handling	100	95	100	100	100	100
Falls Assessment			-	100	70	96
Tissue Viability Assessment	89	97	100	100	90	92
Nutritional Assessment	100	100	93	90	100	86
Medication Assessment	100	98	100	100	98	95
Nutrition (Total)			99	98	99	96
SL – Hand Hygiene			97	100	100	95
SL – Commode Audits			94	100	100	100
Friends and Family Test Score			96	99	97	85
Incidents						
Minor Incidents	10	6	8	10	5	8
Moderate Incidents	1	1	0	0	2	1
Major/Tragic Incidents	0	0	0	0	1	0
Complaints	0	0	1	1	1	0

Commentary: The Acute Medical Society indicates that such an area requires 1:6 qualified nurse to patient ratio. The high turnover area means there can be more that 30 transfers of patients a day while the SNCT study only looks at the situation at one time-point in the day. The usefulness of the tool in such circumstances is therefore questionable (just like it is not suitable for the Emergency Department) and so a separate review is being undertaken of this ward. The results are expected in January 2017. The dependency of patients has increased in October. NSI results have generally improved since the previous period although the FFT has declined.

Conclusion: Monitoring of the NSIs, in particular, the FFT should continue. Await the results of the professional review of the staffing of this area and dependant on the outcome of that review consider removing this ward from this exercise due to the unsuitability of the SNCT tool.

4.3. Ward A3

This area has now been re-designated.

4.4. Ward B1

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	80	82	86	83	62
2	1	2	11	0	15
3	18	16	3	17	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	26	26	26	26	
Av Pat	23.2	21.7	22.2	23.9	
Required Staff	SNCT	SNCT	SNCT		Establishment (WTE)
RNs required	15.8	14.6	14.2	16.1	18.35
HCAs required	10.5	9.7	9.4	10.7	10.96
Total FTE required	**26.3**	**24.3**	**23.6**	**26.8**	**29.31**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	94	100	98	94	98	93
Manual Handling	68	86	81	100	100	88
Falls Assessment			100	100	100	90
Tissue Viability Assessment	88	98	100	100	97	100
Nutritional Assessment	26	96	100	47	53	100
Medication Assessment	100	86	89	98	100	97
Nutrition (Total)			97	97	88	98
SL – Hand Hygiene			100	100	100	96
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			99	100	92	95.3
Incidents						
Minor Incidents	0	3	2	1	0	1
Moderate Incidents	0	0	0	0	0	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	0	0	3	0

Commentary: Both the dependency and occupancy has increased since the previous period although both are similar to 2015 results. The increase in dependency can be accounted in part by more dependant outlier patients from ward B2 being placed on this ward to create capacity for T&O and general surgery. The NSI results are variable compared to previous periods. The SNCT study results and the present establishment are similar, although the establishment has a slightly higher FTE which is probably accountable by the fact, because as previously stated the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward.

Conclusion: No action required except there needs to be continued close monitoring of the NSIs.

4.5. Ward B2 Trauma

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Trauma
1	58	60	72	44	34
2	2	5	0	3	5
3	40	35	28	53	57
4	0	0	0	0	2
5	0	0	0	0	3
Beds	24	24	24	24	
Av Pat	23.2	19.8	21.6	22.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	18.1	15.1	15.6	19.0	14.80
HCAs required	12.1	10.1	10.4	12.6	18.68
Total FTE required	**30.2**	**25.2**	**26.0**	**31.6**	**33.48**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	95	97	96	98	100	90
Manual Handling	98	100	83	100	100	87
Falls Assessment			98	89	100	96
Tissue Viability Assessment	97	98	96	100	100	90
Nutritional Assessment	100	100	100	100	90	90
Medication Assessment	98	100	94	100	100	100
Nutrition (Total)			99	96	100	100
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			98	100	100	100
Friends and Family Test Score			97	96	100	100
Incidents						
Minor Incidents	9	6	2	3	4	3
Moderate Incidents	3	3	0	0	0	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	1	1	0	0

Commentary: Both occupancy and dependency have risen, the latter quite considerably, since the previous period. Incident numbers continue to be lower than previous. Both the SNCT study outcome and the overall present establishment are similar. NSI results have dipped since the precious period.

Conclusion: Continued monitoring of the NSIs.

4.6. Ward B2 Hip

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Ortho
1	43	63	21	12	42
2	7	1	2	2	22
3	50	36	78	86	34
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30	30	30	30	
Av Pat	29.2	27.1	27.4	27.5	
Required Staff	SNCT	SNCT	SNCT		Establishment (WTE)
RNs required	24.4	20.6	25.9	27.1	18.79
HCAs required	16.2	13.7	17.3	18.1	30.14
Total FTE required	**40.6**	**34.3**	**43.2**	**45.1**	**48.93**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	98	92	99	94	98	100
Manual Handling	97	98	100	100	100	100
Falls Assessment			100	100	100	100
Tissue Viability Assessment	90	95	100	100	100	100
Nutritional Assessment	89	89	100	97	100	100
Medication Assessment	100	100	100	96	100	100
Nutrition (Total)			99	95	99	98
SL – Hand Hygiene			100	100	96	100
SL – Commode Audits			98	100	88	100
Friends and Family Test Score			97	100	100	100
Incidents						
Minor Incidents	9	6	4	3	4	4
Moderate Incidents	3	2	0	0	0	0
Major/Tragic Incidents	0	2	0	0	0	0
Complaints	0	6	0	1	2	0

Commentary: At the last review, dependency increased considerably from previous reviews and it has risen again. The changes in dependency of the patients on this ward is likely due to the increasing number of patients with dementia, that need 2-hourly skin bundles and require 1 to 1 care. This contributes to the different actual skill mix requirement provided to this ward (as opposed to the SNCT calculation). Both the SNCT study overall establishment requirement and the present establishment are similar. Recent NSIs show an excellent improvement in quality indicators, with green RAG ratings across all of the indicators. A recent review has resulted in the imminent move of six beds on this ward to ward B3. The ward in future will have 24 beds and an establishment of 15.56 RNs and 24.66 HCAs

Conclusion: No action required.

4.7. Ward B3

	Mar 15	Oct 15	Mar 16	Oct 16	
Patient Level	**% of patients**	**% of patients**	**% of patients**	**% of patients**	**Benchmark % Surgery**
1	28	71	66	73	62
2	29	6	12	2	15
3	31	23	22	25	22
4	3	0	0	0	1
5	0	0	0	0	0
Beds	38+4HDU	38+4HDU	38+4HDU	38 +4HDU	
Av Pat	38.9	34.5	33.6	36.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	32.9	24.6	24.3	26.2	31.66
HCAs required	21.9	16.4	16.2	17.4	19.34
Total FTE required	**54.8**	**41.0**	**40.5**	**43.6**	**51.00**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	94	96	87	99	97	100
Manual Handling	94	84	44	88	100	100
Falls Assessment			98	98	97	100
Tissue Viability Assessment	100	87	97	100	100	100
Nutritional Assessment	98	72	78	45	93	100
Medication Assessment	100	99	100	93	100	100
Nutrition (Total)			67	87	100	100
SL – Hand Hygiene			96	93	100	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			96	94	95	100
Incidents						
Minor Incidents	4	5	3	2	1	2
Moderate Incidents	1	0	0	1	1	0
Major/Tragic Incidents	0	0	0	0	0	2
Complaints	0	1	0	0	0	0

Commentary: Both dependency and occupancy is variable compared to previous reviews with dependency rising for the recent two studies due to an increase in HDU activity. With regards to the establishment, as noted previously, there is a large difference between the SNCT calculation and the actual establishment. B3 contains the VASCU unit which has a variable workload which contributes to this difference as does the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. The NSIs are excellent having improved from previous periods. The imminent move of 6 beds from B2Hip will result in an establishment of 34.42 RNs and 27.56 HCAs.

Conclusion: No action required.

4.8. Ward B4

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	84	85	81	80	62
2	7	10	9	1	15
3	9	4	9	19	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	48	48	48	48	
Av Pat	47.3	46.8	46.9	46.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	31.0	30.1	31.0	32.1	31.66
HCAs required	20.7	20.0	20.7	21.4	27.40
Total FTE required	**51.7**	**50.1**	**51.7**	**53.5**	**59.06**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	97	92	97	99	93	98
Manual Handling	86	74	80	100	100	100
Falls Assessment			100	100	100	100
Tissue Viability Assessment	93	67	100	100	83	100
Nutritional Assessment	97	32	100	96	38	95
Medication Assessment	99	100	100	100	100	100
Nutrition (Total)			100	100	100	100
SL – Hand Hygiene			100	100	98	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			100	100	97	97.1
Incidents						
Minor Incidents	5	7	6	4	2	6
Moderate Incidents	1	2	1	0	0	0
Major/Tragic Incidents	0	0	0	1	0	0
Complaints	1	1	0	1	2	2

Commentary: Dependency is slightly up which is accounted for by some medical outlier patients and an increase in dementia patients that require 1 to 1 care. Occupancy remains constant compared to the last reviews. NSI results have improved. The SNCT study suggests a smaller FTE than the establishment, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward.

Conclusion: No action required.

4.9. Ward B5

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	95	95	95	89	62
2	3	3	1	2	15
3	3	2	4	9	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30+4GAU	30+4GAU	30+4GAU	30+4GAU	
Av Pat	33.1	33.3	33.2	37.1	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	20.4	20.5	20.6	23.8	31.27
HCAs required	13.6	13.7	13.7	15.9	16.44
Total FTE required	**34.0**	**34.2**	**34.3**	**39.7**	**47.71**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	100	100	98	91	97	97
Manual Handling	100	100	67	100	75	94
Falls Assessment			100	100	53	90
Tissue Viability Assessment	100	100	100	90	100	95
Nutritional Assessment	88	50	90	97	43	37
Medication Assessment	97	100	100	100	98	100
Nutrition (Total)			94	100	100	100
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			93	96	43	92.8
Incidents						
Minor Incidents	5	1	0	1	0	1
Moderate Incidents	2	2	0	0	0	1
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	2	0	1	2

Commentary: With a 70% increase in activity over the last 18 months (which has resulted in a doctor now being maintained from mid-October in SAU all of the time) both occupancy and dependency have increased. This ward as well as the in-patient numbers indicated above also has 3 triage beds and a 12 seated area which accounts in the difference between the SNCT tool and the present establishment. It can also be seen that the occupancy exceeded the number of beds which will be accounted for by the numbers of patients being seen in SAU/GAU. This situation will have to be monitored especially in the light of some of the poor NSI scores. NSIs are variable with a concern regarding nutrition in particular.

Conclusion: Monitoring of the occupancy and hence workload compared to the staffing of this area is needed. Monitoring of the NSIs is also required.

4.10. Ward B6

This ward closed initially in April 2016 and although it reopened due to its variable workload and staffing there a four week snapshot did not take part in this review.

4.11. Ward C1

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	46	56	51	50	40
2	1	3	4	0	10
3	53	41	45	50	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.9	47.5	47.7	47.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	39.9	37.4	38.5	39.1	31.36
HCAs required	26.6	25.0	25.7	26.0	32.93
Total FTE required	**66.5**	**62.4**	**64.2**	**65.1**	**64.29**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	92	94	80	93	97	96
Manual Handling	100	99	30	76	100	94
Falls Assessment			61	100	100	100
Tissue Viability Assessment	100	100	98	100	100	100
Nutritional Assessment	81	90	24	93	39	83
Medication Assessment	100	100	100	100	98	100
Nutrition (Total)			94	93	97	95
SL – Hand Hygiene			100	97	97	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			100	96	100	100
Incidents						
Minor Incidents	8	5	4	6	3	6
Moderate Incidents	0	0	0	0	0	0
Major/Tragic Incidents	0	0	0	1	0	0
Complaints	0	0	0	0	0	0

Commentary: Occupancy remains the same with some increase in dependency compared to the previous reviews. NSIs have improved since the deterioration in March 2015 but, as with other wards, the use of the MUST score remains an issue for concern. All four SNCT studies and the ward review have had similar results.

Conclusion: No action required except to monitor the NCI nutritional and manual handling assessment elements of the NCIs.

4.12. Ward C3

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med Eld
1	34	24	24	20	32
2	1	2	1	5	2
3	65	74	75	75	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	52	52	52	52	
Av Pat	49.2	51.5	52	50.3	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	43.7	47.9	48.4	47.4	34.91
HCAs required	29.1	31.9	32.3	31.6	38.41
Total FTE required	**72.8**	**79.8**	**80.7**	**79.0**	**73.32**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	80	96	93	99	93	92
Manual Handling	86	100	100	100	100	82
Falls Assessment			100	100	100	84
Tissue Viability Assessment	92	100	100	100	100	100
Nutritional Assessment	97	94	97	100	73	62
Medication Assessment	100	100	100	100	96	100
Nutrition (Total)			98	100	98	95
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			100	100	100	80
Friends and Family Test Score			94	100	100	100
Incidents						
Minor Incidents	16	9	8	11	8	9
Moderate Incidents	0	5	4	1	1	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	1	1	0	1	0

Commentary: The dependency of the patients has increased slightly compared to the previous reviews and occupancy remains high. The last three SNCT studies suggest there should be higher establishments on this ward but both the well-being workers, the acute confusion team and 1 to 1 additional staff give considerable assistance to this ward, which balances out this difference. NCIs are very variable becoming worse in October and so the ward remains on escalation with an action plan to improve.

Conclusion: No action required except to monitor the NCIs.

4.13. Ward C5

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	54	62	60	48	40
2	4	5	3	19	10
3	39	26	33	31	48
4	4	7	3	2	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	48	47.9	47.9	47.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	38.4	36.6	37	37.6	31.59
HCAs required	25.6	24.4	24.7	25.0	32.92
Total FTE required	**64.0**	**61.0**	**61.7**	**62.6**	**64.51**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	96	100	98	98	97	87
Manual Handling	86	77	100	100	83	94
Falls Assessment			100	100	100	100
Tissue Viability Assessment	78	90	98	100	80	87
Nutritional Assessment	74	96	97	100	98	83
Medication Assessment	100	99	82	100	100	94
Nutrition (Total)			86	98	99	90
SL – Hand Hygiene			100	96	100	100
SL – Commode Audits			97	93	100	100
Friends and Family Test Score			100	100	93	100
Incidents						
Minor Incidents	10	3	10	3	8	8
Moderate Incidents	2	2	1	1	1	0
Major/Tragic Incidents	0	0	0	0	0	1
Complaints	0	1	1	1	0	1

Commentary: Occupancy remains high and dependency has increased considerably compared to the last studies. The increasing number of NIV (non-invasive ventilation) and high flow oxygen patients may account for this. NCIs have dropped considerably too with the ward now on escalation level 2, having an action plan for improvement in place. All four SNCT studies and the ward review have had similar results but with the increasing dependency and the poor NCI scores close monitoring of this ward is needed.

Conclusion: Close monitoring of the staffing and the NCIs is needed.

4.14. Ward C6

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	88	84	76	87	62
2	0	2	2	1	15
3	12	13	22	12	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	20	20	20	20	
Av Pat	17.3	16.9	17.5	18.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	11.2	11.2	12.3	12.2	16.38
HCAs required	7.5	7.5	8.2	8.2	10.96
Total FTE required	**18.7**	**18.7**	**20.4**	**20.4**	**27.34**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	92	100	98	99	81	87
Manual Handling	100	100	27	100	70	100
Falls Assessment			100	100	86	84
Tissue Viability Assessment	100	100	100	100	88	88
Nutritional Assessment	100	98	85	100	87	89
Medication Assessment	89	100	100	100	100	93
Nutrition (Total)			98	100	100	90
SL – Hand Hygiene			100	100	100	92
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			98	100	100	100
Incidents						
Minor Incidents	6	4	4	1	1	0
Moderate Incidents	0	0	0	1	0	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	0	0	0	0

Commentary: Dependency has decreased since the last study rising back to previous levels. Occupancy is at its highest since these studies began. The suggested establishment for the SNCT is the same as the last review. The establishment has a slightly higher FTE than the SNCT results which is probably accounted for by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward plus outpatient clinic work that occurs on the ward. NCIs have taken a considerably decrease in results recently and the ward is at Escalation Level 3 with an action plan in place. A contributing factor to the latter is the ward losing very experienced staff recently to work in other areas of the Trust.

Conclusion: No action required except to monitor the NCI results.

4.15. Ward C7

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	57	61	52	62	40
2	4	2	4	1	10
3	39	37	44	37	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	36	36	36	
Av Pat	35.7	36	35.9	35.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	27.8	27.5	28.8	27.3	26.86/29.6*
HCAs required	18.6	18.4	19.2	18.2	21.92/21.94*
Total FTE required	**46.4**	**45.9**	**48**	**45.6**	**48.78/51.54***

*Following a review the skill mix on this ward was amended in early 2016.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	94	97	82	78	76	89
Manual Handling	87	89	90	100	66	87
Falls Assessment			100	70	74	100
Tissue Viability Assessment	98	100	96	96	90	100
Nutritional Assessment	56	94	100	94	85	85
Medication Assessment	99	98	100	100	100	86
Nutrition (Total)			94	95	93	97
SL – Hand Hygiene			96	100	100	100
SL – Commode Audits			88	100	94	100
Friends and Family Test Score			100	92	100	100
Incidents						
Minor Incidents	10	7	5	5	6	10
Moderate Incidents	3	2	1	1	0	0
Major/Tragic Incidents	0	1	1	0	0	1
Complaints	0	0	1	0	2	2

Commentary: Occupancy remains high but dependency has decreased since the last study but similar to that in October 2015. NSIs remain variable and have deteriorated over the last two reviews and so the ward is now on the highest escalation with an action plan in place. FTEs from the SNCT and the ward review are similar.

Conclusion: No action required other than to continue closely monitoring the NCIs.

4.16. Ward C8

	Mar 15	Oct 15	Mar 16	Oct 16	
Patient Level	**% of patients**	**% of patients**	**% of patients**	**% of patients**	**Benchmark % Med**
1	34	23	13	27	40
2	4	26	22	5	10
3	62	51	64	68	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	44	44	44	
Av Pat	36	39	42.3	40.4	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	31.8	34.6	39.7	36.8	20.32*/37.79+
HCAs required	21.2	23.1	26.5	24.8	32.92*/38.41+
Total FTE required	**52.9**	**57.7**	**66.1**	**61.6**	**53.24*/76.2+**

*Figures for March 2015.
+Figures for October 2015 onwards when stroke rehabilitation and the acute stroke unit were combined

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	98	96	96	94	66	78
Manual Handling	100	92	100	100	66	100
Falls Assessment			100	100	60	97
Tissue Viability Assessment	100	82	100	100	86	100
Nutritional Assessment	100	97	100	83	33	74
Medication Assessment	100	99	100	100	89	92
Nutrition (Total)			98	98	95	91
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			100	95	100	100
Friends and Family Test Score			100	97	100	88.8
Incidents						
Minor Incidents	8	4	5	13	8	6
Moderate Incidents	0	1	0	0	1	0
Major/Tragic Incidents	0	0	0	1	0	0
Complaints	0	0	0	2	2	0

Commentary: The ward changed just prior to October 2015 increasing the beds due to the relocation of the hyperacute stroke unit hence also the increase in the ward establishment. Occupancy has decreased slightly at this review as has dependency even though two emergency beds have to be kept empty due to the stroke pathway guidance. Although there is a big difference between the SNCT results and the establishment this is balanced out by the presence of the stroke bleep holder in the establishment (accounts for 5.45WTE). The NCIs have deteriorated in the last two reviews.

Conclusion: No action except monitoring of the NCI results.

5. Overall Conclusion

It can be seen that even with the difficulties in comparing different methods of formulating how many staff are required on a ward that not too dissimilar results occur on most wards between the SNCT studies and the present ward establishments. From the analysis that can be undertaken on both the results of the establishment calculations and on the Nursing Sensitive Indicators, it would seem that the situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality and staffing. While the present establishments seem to conform with the requirements of an 'objective' measure, it is still necessary to monitor what occurs on a day to day basis with such variables as staff sickness and vacancies affecting the staff available. The latest results of this monitoring for October 2016 follows in Part 2 below.

As previously mentioned, as EAU and ED (and A2 – see section above) are not suitable for inclusion into the SNCT tool, separate reviews are underway in these areas and will be reported back once complete.

Developments in national initiatives on staffing should also be noted. NHS Improvement's Chief Nurse has stated this month that there is forthcoming guidance on safe staffing from her organisation which will be based on the latest evidence and research. NHS Improvement's first three staffing guidance documents will be published for consultation next month. They will cover inpatient, mental health and learning disability services with remaining settings – emergency, maternity, community and children's services – being published for consultation early in the New Year. It is planned that all the guidance will be finalised by early summer. It is intended that the Care Quality Commission will sign off on the guidance – to be described as "resource guides" – and will inspect providers against it. These reports are likely to be amended dependant on the contents of the guidance.

PART TWO - Monthly Nurse/Midwife Staffing Position
October 2016

Another of the requirements set out in the 2014 National Quality Board (NQB) Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information. A revised NQB report 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' was published in July 2016, the contents of which have had no impact on the requirement to produce these monthly reports.

From June 2015 following each shift, the nurse/midwife in charge completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return of the care hours per patient day (CHPPD) metric as recommended by the Carter Review.

As indicated to the Board in June, from May 2016 all Trusts have had to submit this metric. The overall Trust results for the last three months have been:

Month	RN	Unregistered	Total
August	4.65	3.76	8.41
September	4.44	3.63	8.07
October	4.39	3.56	7.95

These figures obviously vary widely across wards/areas (e.g. 24.69, 2.49 and 27.17 for critical care and 2.56, 3.51 and 6.06 on Ward C5)

The only presently available comparative figures are from a short paragraph in the Carter Report which stated that of a sample of 25 Trusts the overall CHPPD varied from 6.3 to 15.48, which would put the Trust (8.41 to 7.95) in the middle 'of the pack'. Over the last few months the overall hours per patient day is reducing. The Trust awaits any further developments and feedback on this metric. It is expected that this and comparative data will be made available in the Model Hospital which the Department of Health is producing as a result of the Carter Review. The Trust has recently become a pilot site for the ward element of the Model Hospital.

It can be seen from the accompanying chart (Figure A) the number of shifts identified as:

- Amber (shortfall of RN/RM staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Blue (shortfall of CSW staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Red (serious shortfall).

The total figure of shortfalls for this month is 136 which is a considerable rise from last month (59) and previously (see Table 1). When shortfalls have occurred, the reasons for the gaps and the actions being taken to address these in the future are outlined in Table 3.

The area with the largest number of shortfalls is Maternity with 42 (32 RM shifts and 10 CSW shifts). The specific rise in Maternity is due to the service struggling to cope with a high vacancy level resulting in many shifts operating at less than minimal levels. This has impacted on delays in care caused directly by reduced numbers of staff, increased numbers of births which exceeded prediction and the dependency of the women accessing the service. The two maternity red serious shortfalls were such because there were particular problems with delays in induction of labour as well as increased dependency of other patients. The unit has now recruited to vacancies although many of these appointments are very junior newly qualified staff requiring additional support and guidance. The situation is expected to improve.

With regards to the remaining 37 qualified staff shortfalls in the rest of the hospital, 60% (22) come from the specialist areas (CCU/NNU/Paediatrics) which are areas with specific skills requirements that are not easily available. The rise in unqualified shortfalls is generally spread across the whole Trust as in previous months.

As well as the quantifiable staffing numbers discussed above, as indicated at the June 2016 Board, from May onwards the senior clinical staff on each shift are undertaking a professional judgement RAG (Red, Amber, Green) rating system of the overall workload status on the ward. The results of this are tabulated below (the figures for September are in brackets - see Table 2). This assessment is based not just on staffing numbers but also on the dependency of the patients on that shift and other relevant factors such as any unusual circumstances that occurred that affected the workload e.g. presence of a highly disturbed patient, number of MET/resuscitation calls etc There will be some inevitable variability with these assessments but it can be seen that the assessments are generally 'Green' although the number of Amber shifts have nearly doubled since previous months. With regards to the latter, there is consistency with the staffing figures (e.g. A2, B4, B5, C2, CCU/PCCU, NNU and Maternity) although this is not always the case.

Besides the two Maternity red shifts discussed above, there have been a further 16 this month. Nine of these were in NNU when the unit did not meet the BAPM staffing standard due to the high dependency of the patients. On two shifts with the workload the unit was closed. On all occasions no harm resulted to patients. Each of the following three wards had one red shift: B1 was due to an agency nurse departing soon after the beginning of the shift leaving a high staff to patient ratio; ward C1 had a night shift with two qualified staff short due to vacancies and lack of bank/agency staff; on C7 a bariatric patient was admitted who required 3 staff, resulting in delays of care for other patients. The patient was later transferred to ITU. The following two areas had 2 red shifts: on CCU vacancies resulted in three qualified staff short and on C6 the two night shifts vacancies left one qualified staff member but assistance was given from other wards. On all of these occasions safety was maintained.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1

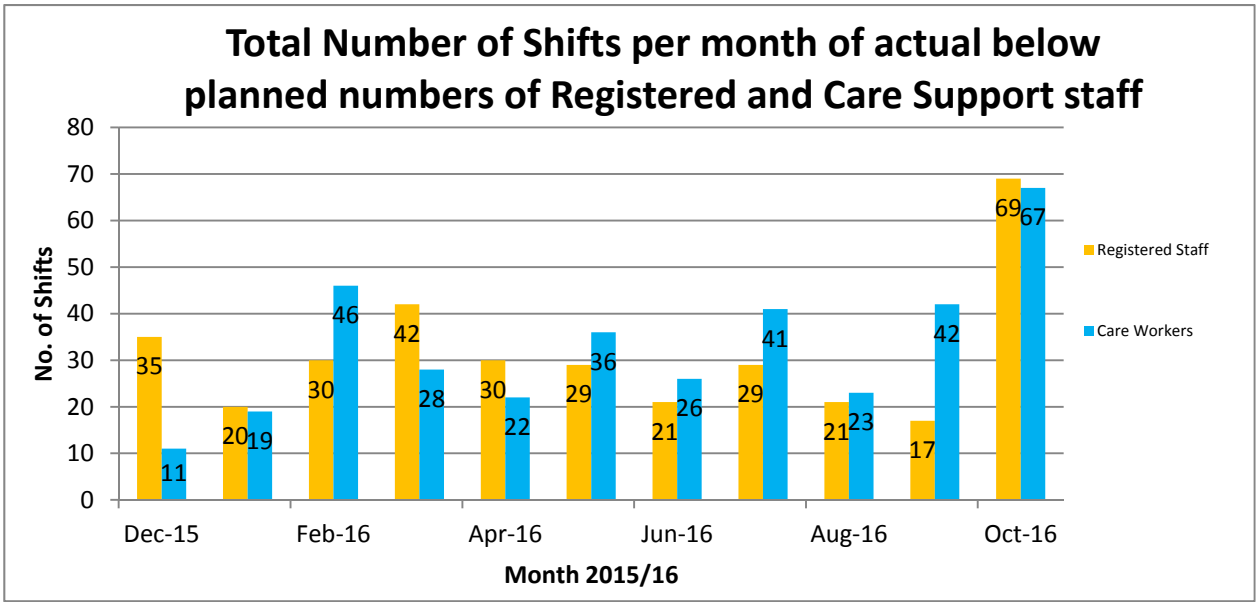


Table 2
Self-Assessment of Workload by Senior Nurses on Each Shift for October (figures in brackets from September)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A1	0 (0)	18 (2)	44 (58)	Ward C3	0 (0)	7 (3)	55 (57)
Ward A2	0 (0)	15 (1)	47 (59)	Ward C4	0 (0)	0 (0)	62 (60)
Ward A3	0 (0)	16 (5)	46 (55)	Ward C5	0 (0)	7 (3)	55 (57)
Ward B1	1 (0)	0 (17)	61 (43)	Ward C6	2 (0)	8 (8)	52 (52)
Ward B2H	0 (0)	1 (5)	61 (55)	Ward C7	1 (0)	6 (2)	55 (58)
Ward B2T	0 (0)	8 (1)	54 (59)	Ward C8	0 (0)	6 (6)	54 (54)
Ward B3	0 (0)	6 (12)	56 (48)	CCU/PCCU	2 (0)	19 (23)	41 (37)
Ward B4	0 (0)	24 (17)	38 (43)	EAU	0 (0)	0 (0)	62 (60)
Ward B5	0 (0)	36 (9)	26 (51)	MHDU	0 (0)	1 (0)	61 (60)
Ward B6	-	-	-	Critical Care	0 (0)	0 (0)	62 (60)
Ward C1	1	1 (1)	60 (59)	NNU	9 (1)	7 (1)	46 (58)
Ward C2	0	11 (8)	51 (52)	Maternity	2 (0)	30 (2)	30 (58)

Totals	RED	AMBER	GREEN
June	4	119	1257
July	12	163	1251
August	6	147	1273
September	1	126	1299
October	18	227	1179

Nurse Care Indicators (NCI's)

The achievement of Green status has not yet been achieved for a number of areas despite improvements seen overall.

Rating	Oct 15 Areas (Launch)	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16
RED	15	4	3	7	6	3	2	3	1	3	0	1	0
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26

NB: November 16 - Ward A1 Evergreen no audits

The escalation procedure for those areas not yet in green remains in place and has been reviewed to ensure it maximises the time and support given to areas to achieve the requirements.

Escalations for November:

NCIs	
Level 1 Matron Level	7
Level 2 Head of Nursing Level	9
Level 3 Deputy Chief Nurse level	2
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	7
Level 2 Head of Nursing Level	3
Level 3 Deputy Chief Nurse level	0

Table 3 (Monthly Nurse/Midwife Staffing Position)

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS OCTOBER 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	3	CSW	Vacancy x3	Bank unable to fill. Workload distributed to remaining staff. No safety issues.
A2	8	CSW	Sickness x 2 Vacancy x6	Assistance was provided such as the 'floating' Band 6 x2, lead nurse or graduate nurse and so safety was maintained.
B1	1	RN	Agency nurse left ward	Agency nurse left ward at 20.30 and so intermittent support provided by B4 and B2. No patient harm occurred.
B2H	2	CSW	Vacancy x 2	On one occasion the Hip Practitioner assisted as did a novice and on the other occasion the dependency of the patients was such that assistance was not required.
B2T	1	RN	Sickness	Patient dependency was low and so assistance was not required. No safety concerns.
B3	1 5	RN CSW	Short term sickness	For the RN shift a qualified nurse assisted from B5. For the 5 CSW shifts, on one occasion the lead nurse gave clinical support and on the others a B2 CSW took station 3. Safety was maintained.
B4	7	CSW	Vacancies	Bank unable to fill intermittent support provided by both lead nurse and other wards but with the dependency of the patients present on the ward safety was maintained.
B5	6	CSW	Vacancies	The bank was unable to fill the shifts. Existing CSWs supported by lead and other trained nurses. Safety was maintained.
C1	2 8	RN CSW	Vacancies	Bank unable to fill. Lead nurse worked on ward and delegated staff accordingly to maintain safety.
C2	5	RN	CAMHS patient x 1 Increased dependency x3 Sickness x1	Bank was unable to fill. Nurse in charge assisted on ward to maintain safety.
C3	6	RN	Vacancy x6	Bank/agency unable to fill. There was one RN per station and with the number of CSWs on duty and on three occasions the lead nurse worked clinically safety maintained on all occasions.
C4	1	RN	Sickness	An extra CSW was employed to assist and lead nurse worked clinically so safety was maintained.
C6	2	RN	Vacancies	On both occasions agency staff did not appear and so a member of staff helped from B5 on one occasion and C7 the other so safety was maintained.
C7	8	CSW	Sickness x 4 Required for 1:1 patients x 4	On the self-assessed 'Red' shift a bariatric patient was admitted who required 3 staff, resulting in delays of care for other patients. The patient was later transferred to ITU. For the other shifts, on one shift an extra qualified staff was on duty, for 5 shifts there was a supernumerary CSW, for 3 shifts students were on the ward and on a further shift there was a graduate nurse on duty. Safety was maintained.
C8	10	CSW	Sickness x4 Required for 1:1 patients x5 and Vacancy x1	A variety of mitigating actions were taken to maintain safety. These included use of a well-being worker, the 'float' CSW being used at a station, the use of a supernumerary graduate, the use of the bleep holder and the lead nurse/nurse in charge assisting with clinical work.
MHDU	1	RN	Vacancy	Agency nurse booked did not arrive. A CSW was employed and a staff member came in to help between 21.00 and 01.00. Safety was maintained.
NNU	9	RSCN	Dependency of patients	These 'red' shifts were all caused by the high dependency mix of the patients. All the babies were stable and on one occasion the lead nurse assisted, on two others NNU was closed and on three the dependency of the babies was reducing. Safety was maintained.

CCU/ PCCU	8	RN	Vacancy x 7 Sickness x1	Bank and agency unable to fill. On one occasions an extra CSW assisted. On another occasions there were 2 students on the ward and on another there were senior staff who assisted. Safety was maintained on all occasions.
Maternity	32 10	RM CSW	Vacancy Short Term sickness Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. Midwives were moved to areas of highest dependency. On 10 shifts there were delayed inductions of labour. On 4 occasions community midwives assisted on the unit. On 1 occasion the Governance Midwife assisted. On 1 occasion post natal admissions were delayed. No patient safety issues occurred

Oct-16

SHIFT

	NCI		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27	
WARD		STAFF	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
WARD A1	98	Reg																																																			
		Unreg																		4/2																								4/2										
WARD A2	93	Reg																																																			
		Unreg																					7/5						7/5														7/5						7/5					6/4
WARD A3	83	Reg																																																		
		Unreg																																																		
WARD B1	95	Reg			2/1																																															
		Unreg																																																		
WARD B2 HIP	100	Reg																																																		
		Unreg																																																6/4			
WARD B2 TRAUMA	92	Reg																																																	
		Unreg																																																	
WARD B3	100	Reg																																																	
		Unreg					5/3											5/3																					5/3					4/2			6/4						
WARD B4	98	Reg																																																	
		Unreg					7/4																		6/4												8/6												8/6		7/5	
WARD B5	86	Reg																																																	
		Unreg									5/3																		5/3				5/3	5/3			5/3	5/3													
WARD B6		Reg																																																	
		Unreg																																																	
WARD C1	96	Reg															6/4																																			
		Unreg																							10/8		10/8				10/7												10/8		10/7				10/8		10/8		10/7			
WARD C2***	98	Reg								10/6											10/7																												10/7			
		Unreg																																																	
WARD C3	89	Reg												6/4																						6/4								6/5				7/5		7/5				
		Unreg																																																	
WARD C4	98	Reg																																										5/3									
		Unreg																																																
WARD C5	89	Reg																																																
		Unreg																																																
WARD C6	89	Reg																																	2/1												2/1					
		Unreg																																																
WARD C7	90	Reg																																																
		Unreg	6/3						6/4	6/4											6/3		6/4						6/4														6/3									
WARD C8	88	Reg																																																	
		Unreg									8/6			8/6																					8/6		8/6						8/6		8/6						9/7				8/6
CCU/PCCU	99	Reg															7/5														7/4		7/5						7/5				7/5										
		Unreg																																																	
EAU	100	Reg																																																	
		Unreg																																																	
MHDU	98	Reg																																														4/3					
		Unreg																																																	
CRITICAL CARE*	96	Reg																																																	
		Unreg																																																	
NEONATAL**	98	Reg																																																7/5		
MATERNITY ****	98	Reg							17/15		17/17	15/15	17/16	16/15		15/14	17/17		15/15		17/16		17/15						17/16	15/15	16/16				15/15	17/16			15/15		15/14	17/17	15/14	17/17	15/12		15/13	17/15	15/13	16/16	15/12	17/16	15/13			
		Unreg		5/3					7/5		7/5						7/5														7/5		7/5		7/5														7/3				

Key

Serious Shortfall

Registered nurse/midwife shortfall

Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds

** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staff

*** Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care.

**** Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment

Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available

28		29		30		31	
D	N	D	N	D	N	D	N
				4/2			
7/5		7/5				7/5	
		7/5					
				3/2			
		5/3					
8/6		8/6					
			5/3				
10/7					10/6		
	6/4						
			5/3				
8/6		8/6					
7/4		7/5		7/5			
8/6	8/6	8/6	9/6	8/6	8/6	8/6	8/6
	17/15	15/13	15/14			17/17	
		7/4				7/5	