

Paper for submission to the Board of Directors on 4th June 2015

TITLE:	<p>1. Results of Six Monthly 'Safer Nursing Tool' exercise</p> <p>2. Monthly Nurse/Midwife Staffing Position (April 2015) and Review of all staffing shortfalls since commencement of data collection in June 2014</p>		
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CORPORATE OBJECTIVE:			
<p>SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation, research and innovation</p> <p>SGO2: Patient Experience - To provide the best possible patient experience</p> <p>SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a "can do" attitude</p>			
SUMMARY OF KEY ISSUES:			
<p>PART 1: This is the third six monthly detailed review of nurse staffing levels using as a basis the Safer Nursing Care Tool (SNCT), comparing the results with the two previous exercises and the present establishments which are generally based on the Ward Review undertaken in 2014, unless wards have changed their speciality or bed numbers since then. Both methods are described in the paper and the results of each are provided and compared with a number of caveats. In addition, Nursing Sensitive Indicators are provided for each ward. Where appropriate, actions already being undertaken or further actions are suggested.</p> <p>PART 2: This part of the paper contains the latest monthly information on nurse/midwife staffing. As previously stated, there is no set template for this information and so the intention behind the format of the attached has been to make potentially complex information as clear and easily understandable as possible.</p> <p>The paper indicates for the month of April 2015 when day and night shifts on all wards were (green) and were not staffed to the planned levels for both registered (amber) and unregistered staff (blue), with the day shift registered figures also taking into consideration the 1:8 nurse to patient ratio for general wards. It also indicates when planned levels were reached of registered (amber) and unregistered (blue) staff but the dependency or number of patients was such that the extra staff needed were not available and when levels were unsafe (red). The total number of these shifts is 40 which is a reduction from last month. The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas. When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken.</p> <p>In addition, last month it was suggested that an overview was made of all of the shortfalls occurring over the months since these reports was commenced. The figures are provided. As all of the data is collected manually on four or five sheets per ward per month, it is difficult to undertake in depth analysis of the information, however, a discussion on the four areas with the highest shortfalls is made.</p>			
IMPLICATIONS OF PAPER:			
RISK	Y	Risk Score and Description:	
	Risk Register: Y	Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)	
COMPLIANCE and/or	CQC	Y	Details: 13: Staffing
	NHSLA	N	Details:

LEGAL REQUIREMENTS	Monitor	Y	Details: Compliance with the Risk Assessment Framework	
	Equality Assured	Y	Details: Better Health Outcomes for all Improved patients access and experience	
	Other	N	Details:	
ACTION REQUIRED OF BOARD:				
Decision	Approval	Discussion	Other	
		✓		
RECOMMENDATIONS FOR THE BOARD:				
To discuss and review the staffing situation and actions being taken and agree to the publication of the paper.				

The Dudley Group NHS Foundation Trust

PART 1 Nurse Staffing Review

Introduction

This paper provides an overview of the nurse staffing situation at the Trust. It is the third 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' authored by Jane Cummings, Chief Nursing Office for England and Mike Richards, Chief Hospital Inspector at the Care Quality Commission. It contains data from both the initial two exercises (February and September 2014) and the more recent exercise (March 2015) 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 came from the internal extensive Ward Review process undertaken in January/February 2014 although a number of ward changes, and their associated establishments have changed since that time. From the first paper in early 2014, the Trust Board decided to adopt the figures from the Ward Review and agreed an extra £3million funding to increase the nurse establishment. The paper also contains a number of quality indicators for each ward (or Nurse Sensitive Indicators (NSIs) as the SCNT designates them).

In Part 2, the paper provides the now monthly information for the month of April 2015 on actual staffing levels at the Trust in relation to planned registered and unregistered staff. It also contains a brief analysis of the shortfalls that have occurred since the monthly reports commenced in June 2014.

A. Safer Nursing Care Tool (SNCT)

1. Introduction/Background

The AUKUH (Association of UK University Hospitals) staffing tool was formally launched at the CNO Summit on 1 November 2007. Further development work was then carried out by the NHS Institute and later, The Shelford Group. Following an extensive review of the tool, its definitions and multipliers, commissioned by the Shelford Group's Chief Nurses' Sub-Group, it was relaunched as The Safer Nursing Care Tool in mid 2013.

It can be seen there have been a number of organisations involved in this tool and a number of changes to it.

2. The Trust and the Safer Nursing Care Tool

The Trust has now three sets of data from this tool. The six monthly exercise requires staff on all wards to assess every patient's dependency (and categorising every patient 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.

3. Specialties the tool covers

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. It stated in July 2013 that this latter version 'is almost ready for use', although this has not been published to date. It also states a tool is being developed for Accident and Emergency Departments.

4. 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. It is recommended that these should be monitored to ensure that the staffing levels determined in Element 1 are enabling the delivery of expected patient outcomes.

Links between patient dependency, workload, staffing and quality have been established in recent years. Evidence in the literature links low staffing levels and skill mix ratios to adverse patient outcomes. Monitoring Nurse Sensitive Indicators is therefore 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 initial six monthly report did not include this element with the Board regularly receiving separate reports on quality data such as complaints, nursing care indicators, incidents, safety thermometer results, healthcare associated infections and patient and staff experience data. However, this and the last paper attempt to cover this element by including some of the relevant data that is produced for the Trust's monthly 'Ward Performance Reports'. Some of that data consists of the Trust's own Nursing Care Indicators (NCIs) but due to changes in some of the criteria of this system in September 2014 it is not possible to make historical comparisons on all criteria. In addition, due to issues with the Datix system at the time, it was not possible to provide incident data by ward for November. Also, for this paper a number of other indicators, such as the Friends and Family Test results, have been introduced to hopefully give a wider view on quality.

5. Overview of SNCT Data

There are some fixed parameters with 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 (see Section B below) data used 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 also needs to be pointed out that the SNCT calculation does not take into consideration the national at least 1:8 RN/patient ratio directive for day shifts while this forms the basis of

the RN calculations in the Ward Review. This therefore means that when comparing the two calculations (SNCT/Ward Review) only the total WTE should be looked at.

The tool also provides 'benchmarks' of the average percentage of each category of patient per speciality from the wards that took part in research on which the tool is based.

B. Ward Review

Matrons, the Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the recent national guideline of the at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consists of experienced nurses considering a range of issues associated with a ward, from its layout, the range of associated support staff such as ward clerks etc, the types of patient and their dependencies, skill mix within the team, the specialties of medical staff using the ward and such issues as the throughput and turnover of patients, any associated ward attenders etc. 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. With expert help from the Finance Department this resulted in detailed data for each ward from which an establishment and associated cost was calculated. The whole process was validated by Mr S Davies, who was the Interim Turnaround Director at the time and checked by Price Waterhouse Cooper.

C. Data

Section 6 below contains the summaries of key data from both the three 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 of the wards there have been changes to the bed numbers and specialities
- It also 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 stable population of patients while others 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
- Most importantly, the 1:8 RN/patient ratio for day shifts is not built into the SNCT.

6. SNCT and Comparative FTE Data

Ward A1

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med
1	60	76	32	40
2	5	0	0	10
3	34	24	68	48
4	1	0	0	1
5	0	0	0	2
Beds	14 +4flex	14+4 flex	23	
Av Pat	18	17	21.9	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	13.7	11.9	19.6	12.27/16.56*
HCA's required	9.2	8.0	13.1	8.22/21.95*
Total FTE required	22.9	19.9	32.6	20.49/38.51*

*Latter figures are for March 2015 as the patient numbers and speciality of the ward changed after September 2014.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	100	100	98	99
Manual Handling	100	98	93	100
Falls Assessment			100	96
Tissue Viability Assessment	100	100	100	100
Nutritional Assessment	95	93	94	100
Fluid Balance Management	85	93	88	98
Medication Assessment	99	100	100	100
Nutrition (Total)				97
SL – Hand Hygiene				100
SL – Commode Audits				93
Friends and Family Test Score				100
Incidents				
Minor Incidents	8	7	-	0
Moderate Incidents	0	0	-	1
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	1	0

Commentary: After the September 2014 study the ward was changed from a rheumatology ward to care of the elderly (in November 2014), hence the change in establishment. Since March 2015 this ward has closed.

Conclusion: No action required.

Ward A2

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med
1	17	20	80	32
2	0	0	3	2
3	83	80	17	66
4	0	0	0	0
5	0	0	0	0
Beds	42	42	42	
Av Pat	41.8	41.3	41.5	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	40.2	39.3	28.3	34.35/38.64*
HCA's required	26.8	26.2	18.9	32.88/38.41*
Total FTE required	67.0	65.6	47.2	67.23/77.05*

*Latter figures are for March 2015 as the patient speciality of the ward changed after September 2014.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	97	100	100	86
Manual Handling	100	95	100	100
Falls Assessment			97	-
Tissue Viability Assessment	89	97	100	100
Nutritional Assessment	100	100	100	93
Fluid Balance Management	98	100	95	97
Medication Assessment	100	98	100	100
Nutrition (Total)				99
SL – Hand Hygiene				97
SL – Commode Audits				94
Friends and Family Test Score				96
Incidents				
Minor Incidents	10	6	-	8
Moderate Incidents	1	1	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	0	1

Commentary: After the September 2014 study the ward was changed to a short stay area, hence the establishment change. The Acute Medical Society indicates that such areas require 1:6 qualified nurse to patient ratio hence the increase in establishment. The high turnover area means there can be more than 30 transfers of patients a day while the 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). NSIs are good and generally 'green'.

Conclusion: No action required.

Ward A3

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Rehab
1	19	29	25	38
2	0	0	0	7
3	80	71	75	52
4	0	0	0	4
5	0	0	0	0
Beds	28	28	28	
Av Pat	27.9	28	25.3	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	26.6	25.5	23.6	18.58/25.84*
HCA's required	17.7	17	15.7	21.92/19.20*
Total FTE required	44.4	42.6	39.3	40.50/45.04*

*Latter figures are for March 2015 as the patient speciality of the ward changed after September 2014.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	98	96	96	100
Manual Handling	100	100	100	100
Falls Assessment			98	94
Tissue Viability Assessment	100	100	98	100
Nutritional Assessment	98	98	100	100
Fluid Balance Management	95	100	99	100
Medication Assessment	100	100	100	100
Nutrition (Total)				99
SL – Hand Hygiene				93
SL – Commode Audits				90
Friends and Family Test Score				90
Incidents				
Minor Incidents	12	5	-	6
Moderate Incidents	0	0	-	1
Major/Tragic Incidents	0	0	-	0
Complaints				
	0	2	0	1

Commentary: Occupancy remains high. After September 2014, the ward changed from Stoke Rehabilitation to care of the elderly, although the dependency of patients remains similar. The ward and establishment also includes FESU (Frail Elderly Short Stay Unit), which has not opened yet. As the ward has 28 beds decreasing the day RN staff would result in a ratio of 1:9.3. NSIs are good.

Conclusion: No action required.

Ward A4

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Stroke
1	35	65	24	21
2	14	20	40	7
3	47	11	35	67
4	4	4	1	6
5	0	0	0	0
Beds	12	12	12	
Av Pat	11.2	11.8	11.4	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	9.7	8.5	9.7	10.2
HCA's required	6.4	5.6	6.5	5.48
Total FTE required	16.1	14.1	16.2	15.68

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	90	98	96	100
Manual Handling	93	100	100	100
Falls Assessment			100	96
Tissue Viability Assessment	100	100	100	100
Nutritional Assessment	100	92	100	100
Fluid Balance Management	100	100	100	100
Medication Assessment	100	100	100	100
Nutrition (Total)				97
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				100
Incidents				
Minor Incidents	0	2	-	3
Moderate Incidents	0	0	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	0	0

Commentary: Patient dependency has increased. Occupancy remains high. NSIs are good. All three SNCT studies and the ward review have had similar results. As there are 12 beds on the ward, reducing day RN staff would result in a ratio of 1:12.

Conclusion: No action required.

Ward B1

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Surgery
1	81	79	80	62
2	18	3	1	15
3	0	18	18	22
4	0	0	0	1
5	0	0	0	0
Beds	26	26	26	
Av Pat	18	17	23.2	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	15.4	16.6	15.8	18.35
HCA's required	10.3	11.1	10.5	11.04
Total FTE required	25.7	27.7	26.3	29.39

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	94	100	99	98
Manual Handling	68	86	75	81
Falls Assessment			100	100
Tissue Viability Assessment	88	98	93	100
Nutritional Assessment	26	96	97	100
Fluid Balance Management	90	93	86	91
Medication Assessment	100	86	82	89
Nutrition (Total)				97
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				99
Incidents				
Minor Incidents	0	3	-	2
Moderate Incidents	0	0	-	0
Major/Tragic Incidents	0	0	-	0
Complaints				
	0	0	0	0

Commentary: Dependency remains similar to the last study while occupancy has increased slightly. NSIs have improved from January 2014. In May 2015, NSIs remain RAG rated green with the exception of manual handling which is Amber rated. The SNCT study results and the present establishment are similar, although the present establishment has a slightly higher FTE which is probably accountable 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. With 26 beds, reducing day RN staff would result in a ratio of 1:8.7

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

Ward B2 Trauma

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Trauma
1	65	68	58	34
2	16	13	2	5
3	19	19	40	57
4	0	0	0	2
5	0	0	0	3
Beds	24	24	24	
Av Pat	23.2	23	23.2	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	16.8	16.4	18.1	13.80
HCA's required	11.2	11	12.1	17.81
Total FTE required	27.9	27.4	30.2	31.61

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	95	97	96	96
Manual Handling	98	100	75	83
Falls Assessment			100	98
Tissue Viability Assessment	97	98	100	96
Nutritional Assessment	100	100	78	100
Fluid Balance Management	100	100	86	100
Medication Assessment	98	100	100	94
Nutrition (Total)				99
SL – Hand Hygiene				100
SL – Commode Audits				98
Friends and Family Test Score				97
Incidents				
Minor Incidents	9	6	-	2
Moderate Incidents	3	3	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	1	1

Commentary: Occupancy remains high and dependency has increased. Incident numbers have improved. Both the SNCT study outcomes and the present establishment are similar, although the latter has a slightly higher FTE which is probably accountable by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges. NSI results are good. In May 2015, NSIs show the ward was at escalation level 1 in April but this is now showing an improvement.

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

Ward B2 Hip

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Ortho
1	62	68	43	42
2	19	3	7	22
3	19	29	50	34
4	0	0	0	1
5	0	0	0	0
Beds	30	30	30	
Av Pat	28.4	28.7	29.2	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	20.6	21.1	24.4	18.79
HcAs required	13.8	14	16.2	30.14
Total FTE required	34.4	35.1	40.6	48.93

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	98	92	98	99
Manual Handling	97	98	100	100
Falls Assessment			100	100
Tissue Viability Assessment	90	95	100	100
Nutritional Assessment	89	89	100	100
Fluid Balance Management	98	93	86	98
Medication Assessment	100	100	100	100
Nutrition (Total)				99
SL – Hand Hygiene				100
SL – Commode Audits				98
Friends and Family Test Score				97
Incidents				
Minor Incidents	9	6	-	4
Moderate Incidents	3	2	-	0
Major/Tragic Incidents	0	2	-	0
Complaints				
	0	6	0	0

Commentary: Dependency has increased and occupancy remains high. The majority of patients on this ward have a dementia diagnosis, are elderly and frail. Due to the nature of patients on the ward, almost all require two staff members to deliver care on a two hourly basis, hence the number of Clinical Support Worker staff to support this. Complaints are showing a downward trend since August. Recent NSIs and those from May 2015 show an excellent improvement in quality indicators, with green RAG ratings across the indicators. The model used to review this ward is now being rolled out across other wards within surgery by the Head of Nursing to ensure standards are also reviewed in depth.

As there are 30 beds on the ward, decreasing the day RN staff would result in a ratio of 1:10. NSIs have improved in November.

Conclusion: No action required.

Ward B3

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Surgery
1	54*	43	28	62
2	12*	11	29	15
3	34*	46	31	22
4	0	0	3	1
5	0	0	0	0
Beds	28+10SAU	38+4HDU	38+4HDU	
Av Pat	35	29.2	38.9	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	27.6	24.2	32.9	24.84
HCA's required	18.4	16.2	21.9	16.44
Total FTE required	46.0	40.4	54.8	41.28

*Not including SAU

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	94	96	96	87
Manual Handling	94	84	53	44
Falls Assessment			97	98
Tissue Viability Assessment	100	87	96	97
Nutritional Assessment	98	72	77	78
Fluid Balance Management	100	92	93	12
Medication Assessment	100	99	100	100
Nutrition (Total)				67
SL – Hand Hygiene				96
SL – Commode Audits				100
Friends and Family Test Score				96
Minor Incidents	4	5	-	3
Moderate Incidents	1	0	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	1	0	0

Commentary: In the light of a number of issues including the poor NSIs and apparent recent radical change in the dependency of patients, B3 is currently undergoing a review process, similar to that carried out on B2Hip to ensure all aspects of the ward are evaluated and action plans created to address any issue that may become apparent as a result of the review. It is intended to undertake this type of review on all of the Surgery Nursing Division over the next 6 months, and repeat on an annual basis thereafter. A new Lead Nurse will be in post from 1st June 2015 and will be in a position to know exactly where the issues are in her new ward that will require her immediate attention.

As indicated, dependency of patients in March data has noticeably increased. This needs to be rechecked to ensure this an ongoing trend for the ward. A further assessment will be undertaken commencing 1st June 2015 by an external (to the ward) assessor who will work with the new Lead Nurse to train her in the assessment methods.

Conclusion: NSIs need to be continued to be closely monitored. Full review report awaited.

Ward B4

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Surgery
1	81	71	84	62
2	5	5	7	15
3	14	25	9	22
4	1	0	0	1
5	0	0	0	0
Beds	48	48	48	
Av Pat	45.1	43.1	47.3	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	30.4	30.9	31.0	30.36
HCA's required	20.3	20.6	20.7	24.66
Total FTE required	50.7	51.6	51.7	55.02

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	97	92	99	97
Manual Handling	86	74	78	80
Falls Assessment			79	100
Tissue Viability Assessment	93	67	93	100
Nutritional Assessment	97	32	100	100
Fluid Balance Management	97	83	98	100
Medication Assessment	99	100	100	100
Nutrition (Total)				100
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				100
Minor Incidents	5	7	-	6
Moderate Incidents	1	2	-	1
Major/Tragic Incidents	0	0	-	0
Complaints	1	1	0	0

Commentary: Dependency has decreased slightly. NSIs considerably deteriorated in August but have improved since and have improved again in May 2016. The SNCT study outcomes suggest smaller FTE than the establishment, which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges.

Conclusion: No action required.

Ward B5

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Surgery
1	87	97	95	62
2	9	2	3	15
3	5	1	3	22
4	0	0	0	1
5	0	0	0	0
Beds	22	30+4GAU	30+4GAU	
Av Pat	21.9	33.3	33.1	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	14.0 (23.2)	20.2	20.4	18.93
HCA's required	9.3 (15.4)	13.4	13.6	16.44
Total FTE required	23.3 (38.6)	33.6	34.0	35.37

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	100	100	98	98
Manual Handling	100	100	100	67
Falls Assessment			80	100
Tissue Viability Assessment	100	100	100	100
Nutritional Assessment	88	50	100	90
Fluid Balance Management	98	100	97	96
Medication Assessment	97	100	100	100
Nutrition (Total)				94
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				93
Incidents				
Minor Incidents	5	1	-	0
Moderate Incidents	2	2	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	1	2

Commentary: There were 22 beds on B5 for the initial SNCT study but now there are 20 beds + SAU (10 beds) and Gynaecology Assessment Unit (GAU) (4 beds). The figures in brackets on the first study include the SNCT figures for SAU and GAU to assist with any comparison. As there are 30 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:10. Occupancy remains constant as does dependency. NSIs are variable although are all green in May 2015. The latest SNCT study suggests a smaller FTE than the ward review, which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges, which is a significant issue for this ward with the two assessment units.

Conclusion: No action required other than continue closely monitoring NSIs.

Ward B6

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % ENT
1	88	87	92	73
2	2	2	3	12
3	10	11	5	7
4	0	0	0	3
5	0	0	0	6
Beds	29	17	17	
Av Pat	28.2	16.4	16.5	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	18.3	10.7	10.3	13.06
HCA's required	12.2	7.1	6.9	8.22
Total FTE required	30.4	17.8	17.2	21.28

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	94	100	100	100
Manual Handling	89	100	100	38
Falls Assessment			100	100
Tissue Viability Assessment	98	100	100	100
Nutritional Assessment	98	90	100	86
Fluid Balance Management	91	93	100	96
Medication Assessment	100	100	100	100
Nutrition (Total)				99
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				98
Minor Incidents	9	1	-	2
Moderate Incidents	1	1	-	0
Major/Tragic Incidents	0	0	-	1
Complaints	1	1	0	2

Commentary: B6 had 29 beds during the first study but then lost 12 beds. Decreasing the day RN staff would only leave one nurse on duty. Dependency remains similar despite the change in number of beds. NSIs have seen an improvement in time but with a recent slight deterioration. The latest SNCT study suggests a smaller FTE than the ward review, which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges.

Conclusion: No action required other than continue closely monitoring NSIs.

Ward C1

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med
1	39	24	46	40
2	14	29	1	10
3	47	47	53	48
4	0	0	0	1
5	0	0	0	2
Beds	48	48	48	
Av Pat	47.9	47.9	47.9	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	40.3	42.0	39.9	31.59
HCA's required	26.9	28.0	26.6	32.88
Total FTE required	67.2	70.0	66.5	64.47

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	92	94	91	80
Manual Handling	100	99	97	30
Falls Assessment			100	61
Tissue Viability Assessment	100	100	100	98
Nutritional Assessment	81	90	72	24
Fluid Balance Management	89	92	89	92
Medication Assessment	100	100	100	100
Nutrition (Total)				94
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				100
Minor Incidents	8	5	-	4
Moderate Incidents	0	0	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	0	0

Commentary: As there are 48 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:9.6. Occupancy remains high with dependency decreasing in the last study. NSIs have deteriorated and the ward is on escalation with an action plan in place although latest recent results in May 2015 show that the NSIs have now improved and are now in green. All three SNCT studies and the ward review have had similar results. At present, a 'deep dive' review is being undertaken into all aspects of this ward similar to the approach taken on C7 (see below).

Conclusion: This ward is undergoing a review of its management.

Ward C3A/B (C3)

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med Eld
1	12	23/30	34	32
2	7	0/0	1	2
3	81	77/70	65	66
4	0	0/0	0	0
5	0	0/0	0	0
Beds	52	24/28	52	
Av Pat	48.1	24/27.8	49.2	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)*
RNs required	46.7	22.5/25.2	43.7	(17.79) (18.58) /34.86
HCA's required	31.1	15/16.8	29.1	(16.44) (21.92) /38.41
Total FTE required	77.8	37.5/42.0	72.8	(34.23) (40.50) /73.27

**Figures in brackets are the separate establishments of the two separate wards while the other larger figures the present establishments.*

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	80	96	100	93
Manual Handling	86	100	100	100
Falls Assessment			100	100
Tissue Viability Assessment	92	100	100	100
Nutritional Assessment	97	94	100	97
Fluid Balance Management	100	98	100	93
Medication Assessment	100	100	100	100
Nutrition (Total)				98
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				94
Minor Incidents	16	9	-	8
Moderate Incidents	0	5	-	4
Major/Tragic Incidents	0	0	-	0
Complaints	0	1	0	1

Commentary: At the initial SNCT study this ward had 52 beds. The ward was then split into two (C3A[24 beds]/C3B[28beds]) but has now been unified again under one lead nurse. The latest SNCT study and the ward review have had similar results. NSIs are good.

Conclusion: No action required.

Ward C5

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med
1	53	53	54	40
2	12	3	4	10
3	27	36	39	48
4	8	8	4	1
5	0	0	0	2
Beds	48	48	48	
Av Pat	47.7	47.4	48	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	37.9	38.5	38.4	31.59
HCA's required	25.3	25.7	25.6	32.88
Total FTE required	63.1	64.2	64.0	64.47

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	96	100	97	98
Manual Handling	86	77	100	100
Falls Assessment			100	100
Tissue Viability Assessment	78	90	100	98
Nutritional Assessment	74	96	100	97
Fluid Balance Management	98	97	100	71
Medication Assessment	100	99	100	82
Nutrition (Total)				86
SL – Hand Hygiene				100
SL – Commode Audits				97
Friends and Family Test Score				100
Minor Incidents	10	3	-	10
Moderate Incidents	2	2	-	1
Major/Tragic Incidents	0	0	-	0
Complaints	0	1	2	1

Commentary: Occupancy remains high and dependency has increased. NSIs have fluctuated and are kept under review. All three SNCT studies and the ward review have had similar results.

Conclusion: No action required.

Ward C6

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Surgery
1	89	88	88	62
2	4	2	0	15
3	7	10	12	22
4	0	0	0	1
5	0	0	0	0
Beds	20	20	20	
Av Pat	19.1	17.2	17.3	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	12.2	11.1	11.2	15.82
HCA's required	8.1	7.4	7.5	10.96
Total FTE required	20.3	18.5	18.7	26.78

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	92	100	89	98
Manual Handling	100	100	61	27
Falls Assessment			100	100
Tissue Viability Assessment	100	100	100	100
Nutritional Assessment	100	98	75	85
Fluid Balance Management	100	100	100	100
Medication Assessment	89	100	90	100
Nutrition (Total)				98
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				98
Incidents				
Minor Incidents	6	4	-	4
Moderate Incidents	0	0	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	0	0

Commentary: Dependency remains similar with a slight drop in occupancy. With 20 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:10. NSIs have deteriorated slightly although there has been an improvement following implementation of action plans to rectify issues. The establishment is a slightly higher FTE than the SCNT results which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges.

Conclusion: No action required other than continue closely monitoring NSIs.

Ward C7

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med
1	68	64	57	40
2	2	1	4	10
3	30	35	39	48
4	0	0	0	1
5	0	0	0	2
Beds	36	36	36	
Av Pat	35.7	35	35.7	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	26.2	26.5	27.8	26.86
HCA's required	17.5	17.7	18.6	21.92
Total FTE required	43.7	44.1	46.4	48.78

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	94	97	89	82
Manual Handling	87	89	61	90
Falls Assessment			100	100
Tissue Viability Assessment	98	100	100	96
Nutritional Assessment	56	94	75	100
Fluid Balance Management	75	89	100	90
Medication Assessment	99	98	90	100
Nutrition (Total)				94
SL – Hand Hygiene				96
SL – Commode Audits				88
Friends and Family Test Score				100
Minor Incidents	10	7	-	5
Moderate Incidents	3	2	-	1
Major/Tragic Incidents	0	1	-	1
Complaints	0	0	0	1

Commentary: Occupancy remains high and dependency has increased slightly. NSIs remain variable and have deteriorated recently since August and so the ward remains on escalation with an action plan in place. As there are 36 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:9. FTEs from the SNCT and the ward review are similar.

Following discussions between the lead nurse and senior staff, active management of the ward overall has taken place, resulting in changes to the skill mix. This also included reviewing the quality indicators such as patient feedback and the Nursing Care Indicators. Some of the results of this were seen to be associated with staffing shortfalls.

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

Ward C8

	Feb 14	Sep 14	Mar 15	
Patient Level	% of patients	% of patients	% of patients	Benchmark % Med
1	69	83	34	40
2	2	2	4	10
3	29	15	62	48
4	0	0	0	1
5	0	0	0	2
Beds	36+4 flex	36+4flex	36	
Av Pat	40.1	39.4	36	
Required Staff	SNCT	SNCT	SNCT	Establishment (WTE)*
RNs required	36.7	33.4	31.8	39.87/20.55*
HCA's required	24.5	22.2	21.2	27.4/39.42*
Total FTE required	61.1	55.6	52.9	67.27/59.97*

**Latter figures are for March 2015 as the patient numbers and speciality of the ward changed after September 2014.*

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15
Nursing Care Indicators				
Patient Observations	98	96	100	96
Manual Handling	100	92	50	100
Falls Assessment			100	100
Tissue Viability Assessment	100	82	100	100
Nutritional Assessment	100	97	100	100
Fluid Balance Management	93	79	94	95
Medication Assessment	100	99	96	100
Nutrition (Total)				98
SL – Hand Hygiene				100
SL – Commode Audits				100
Friends and Family Test Score				100
Minor Incidents	8	4	-	5
Moderate Incidents	0	1	-	0
Major/Tragic Incidents	0	0	-	0
Complaints	0	0	0	0

Commentary: The ward has recently changed from short stay to a rehabilitation ward, hence the reduction in establishment. Occupancy is high. Dependency is higher than previously which would be expected with the change in specialty. NSIs are good. As this is a rehabilitation ward, it was agreed that there is no need for the 60/40 qualified/unqualified split that is set into the SNCT calculation.

Conclusion: No action required

7. 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. 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. 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 April 2015 follows in Part 2 below.

With regards to the quality indicators, as already stated, due to changes in some of the criteria of the NCIs in September 2014 it has not been possible to make full historical comparisons on all criteria after this date. In addition, further changes to these indicators have had to be made in this report. As time progresses, it is hoped that the quality measures that can be used will remain static so that they will be more easily interpretable. It also needs to be noted that due to the changes in ward specialities and bed numbers that occurred late last year and again early this year and any future similar changes will also make it difficult to make clear historical staffing comparisons in the future.

PART 2

THE DUDLEY GROUP NHS FOUNDATION TRUST

Monthly Nurse/Midwife Staffing Position

April 2015

One of the requirements set out in the National Quality Board 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.

The paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts and also the number of occurrences when staffing levels have fallen below the planned levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care

The attached chart follows the same format as last month. It indicates for this month when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

In line with the recently published NICE (2014) guideline on safe staffing:

- 1) An establishment (an allocated number of registered and care support workers) is calculated for each ward based on a combination of the results of the six monthly Safer Nursing Care Tool exercise and senior nurse professional judgement both based on the number and types of patients on that ward (with the Board receiving a six monthly paper on this). The establishment forms a planned number of registered and care support workers each shift.
- 2) Each six weeks the Lead Nurse draws up a duty rota aimed at achieving those planned numbers.
- 3) Each shift the nurse in charge assesses if the staff available meet the patients' nursing needs.

Following a shift, the nurse in charge completes a monthly form 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 day. Each month the completed form for every ward is sent to the Nursing Directorate where they are analysed and the attached chart compiled.

It can be seen from the accompanying spreadsheet that the number of shifts identified as amber (shortfall of registered 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 unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available) are 40. This compares to 51 in March, 34 in February, 59 in January, 49 in December 2014, 38 in November 2014, 53 in October 2014 and 33 in September 2014. The number has decreased this month. Again, the number is small in terms of the overall shifts. This month no shift was assessed as red/unsafe. Overall the staffing available met the patients' nursing needs in the majority of cases but, in a number of instances, despite

attempts through the use of deployment of staff or the use of bank/agency staff, the optimum number of staff for the patients on that shift were not reached. In all instances of shortfalls, the planned and actual numbers are indicated.

When shortfalls in the 1:8 RN to patient ratio for day shifts on general wards or when shifts have been identified as below optimum; the reasons for the gaps and the actions being taken to address these in the future are outlined below.

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.

Last month it was suggested that an overview was made of all of the shortfalls occurring over the months since these reports was commenced. The figures are provided in the table below. As all of the data is collected manually on four or five sheets per ward per month, it is difficult to undertake in depth analysis of the information, however it can be seen that the following four areas have the most qualified staff shortfalls: Wards B4, C1, C7 and Maternity. Considering each area separately:

B4: With regards to the surgical area B4 due to the nature of the patients treated on the ward there are many occasions when the ward has empty beds. Initially when collecting the staffing data, the actual number of the patients on the ward each day was not collected. After a review, it is realised that many of the apparent shortfalls on this ward are against the bed numbers rather than the actual patients. This data error is now rectified. In addition, a routine in-depth review of this ward is being undertaken in June.

C7: It can be seen that the shortfall numbers on C7 have been decreasing considerably over the time period being looked at. Following discussions between the lead nurse and senior staff active management of the ward overall has taken place, resulting in changes to the skill mix, but also reviewing the quality indicators such as patient feedback and the Nursing Care Indicators. Some of the results of this can be seen to be associated with staffing shortfalls

C1: Ward C1 is reliant on temporary staffing, which is not always available, having at present five qualified staff vacancies. These vacancies have been advertised three times. Unfortunately, no appointment was made. At present, a 'deep dive' review is being undertaken into all aspects of this ward similar to the approach taken on C7.

Maternity: Maternity services currently has a high level of maternity leave for Midwives i.e. 8.0 WTE and midwife vacancy. The service is actively recruiting midwives and held a very successful recruitment open day on 16 May 2015; more than 40 applications have been received and it is envisaged that from these applicants appointments will be made. However, plans are in places to address the coming month's midwife shortfalls as staff recruited will not be expected to be in post and fully practicing until the Autumn, however, maintaining safe staffing levels through the summer period will be challenging.

The agreed maternity escalation policy is actively implemented as required and a DATIX incident form completed when staffing on the Maternity Unit is assessed as being compromised.

The Directorate are undertaking a review of midwife staffing which includes:

- Reassessment of midwifery staffing levels using the modified Birth rate plus (BR+) tool, table top exercise and a review of the NHSE Maternity Care pathway tool (2015)
- Benchmarking against NICE guidance (NG4): safe midwifery staffing for maternity settings (2015)
- Reviewing Safer Childbirth Table 6; maternity unit staffing
- Revisiting the risk assessment for maternity staffing to include the risk of recruiting a large number of new staff requiring induction and the support for inexperienced midwives.

MONTHLY SHORTFALLS													
WARD	STAFF	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
WARD A1	Reg				1	2	2	2	3	1		4	15
	Unreg			1			1		8				10
WARD A2	Reg					5	3		1				9
	Unreg						1						1
WARD A3	Reg			1	2		1	1	5	2	3	5	20
	Unreg		1	1									2
WARD A4	Reg				1			1		1			3
	Unreg		2										2
WARD B1	Reg	4			2	1	6	4	4	3	1		25
	Unreg	4											4
WARD B2 HIP	Reg		1	1								1	3
	Unreg												0
WARD B2 TRAUMA	Reg		1	2		2			2		4		11
	Unreg		3										3
WARD B3	Reg								3	7	8	2	20
	Unreg	1		1									2
WARD B4	Reg	5		1		14	8	9	8	6	4	6	61
	Unreg	6											6
WARD B5	Reg					1			1				2
	Unreg		1						1		1	4	7
WARD B6	Reg	1			2	2	1			1	1		8
	Unreg		2										2
WARD C1	Reg	2	5		7	2	3	9	4		10	5	47
	Unreg	1	1					1					3
WARD C2	Reg					1		1					2
	Unreg												0
WARD C3	Reg			1		1						1	3
	Unreg												0
WARD C4	Reg				1								1
	Unreg			4	4								8
WARD C5	Reg			4		4	1	2	1		1		13
	Unreg							1					1
WARD C6	Reg	1	1		2		3	1			2		10
	Unreg	3									1		4
WARD C7	Reg	11	9		4	5	3	3		1	1		37
	Unreg		2	1		1	2	1	1			1	9
WARD C8	Reg				1	1		7	7	2	5	6	29
	Unreg									1			1
CCU	Reg										1		1
	Unreg												0
PCCU	Reg												0
	Unreg												0
EAU	Reg					1					1		2
	Unreg												0
MHDU	Reg				1	1		1					3
	Unreg												0
CRITICAL CARE	Reg												0
	Unreg												0
NEONATAL	Reg					9							9
MATERNITY	Reg				3		3	5	8	7		5	31
	Unreg								2				2

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS APRIL 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	4	RN	Vacancy x3 Sickness x1	Bank and agency requested, unable to fill. Substantive staff contacted. Patient dependency/safety maintained managed with this ratio of staff. Patient caseload split with nursing staff from A3 to maintain safety.
A3	5	RN	Vacancy x 5 Sickness x 1	As stated last month, due to the number of vacancies, the staff on A1 have been working closely alongside the staff on ward A3 to ensure the safe delivery of care on both wards. For these three shifts the bank and agency were unable to fill but safety was maintained.
B2T	1	RN	Special Leave	Bank unable to fill. Staff redeployed. Safe staffing maintained.
B3	2	RN	Sickness x1 Vacancy x1	Bank unable to fill. Ratio was 1:9:5 Safety maintained.
B4	6	RN	Vacancy x2 Maternity leave x4	Bank and agency were unable to fill and on one occasion bank nurse cancelled. With the patients present and on two occasions with empty beds the ward remained safe.
B5	4	CSW	Sickness x4	Bank was unable to fill and on one occasion the bank CSW cancelled. Patients remained safe.
C1	5	RN	Vacancy x5	Bank and agency were unable to fill. On all occasions, safety was maintained
C3	1	RN	Vacancy x1	Substantive staff contacted but unable to help. Patient safety maintained.
C7	1	CSW	Increased dependency	Extra CSW booked through bank but did not attend. High workload on ward meant that some care was delayed and routine night duties such as ensuring stocked supplies did not occur.
C8	6	RN	Vacancy x3 Sickness x3	Allocation to patients changed after patients dependency assessed and acuity such that safety maintained
Maternity	5	RM	High maternity leave and sickness absence	Bank unable to fill. Escalation process enacted. No patient safety issues occurred

