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| **Title of the paper:** | **Safe staffing nursing and midwifery – month 6** |
| **Agenda Item:** | **14/22** |
| **Lead Executive:** | **Tracey Carter, Chief Nurse and Director for Infection Prevention and Control** |
| **Author:** | **Toni Nettleton, Lead Nurse Workforce** |
| **Trust objective:** |   Tick as appropriate:[ ] Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas;[ ] Setting out our future clinical strategy through clinical leadership in partnership and with whole system working;[ ] Creating a clear and credible long term financial strategy. |
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| **Purpose:** | The aim of this paper is to provides an update on the progress regarding the arrangements within the Trust for managing safe nursing and midwifery staffing levels within the inpatient ward |
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| **Previously discussed and date for further review:** |   |   |   |   |   |
|   | **Committee** |  | **Date** |  |
| **Name:** | TLEC | 30 October 2014   |
|
|  |  |   |
|
| **Benefits to patients and patient safety implications**To assure we have sufficient qualified, skilled and experienced staff to meet patient’s care needs on a shift by shift, day by day basis to give good quality care to patients. |
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|
| **Risk implications for the Trust** Patient safety and clinical quality of care are likely to suffer as a consequence of not having the right staff with the right skills in the right place at the right time | **Mitigating actions** (controls)Utilisation bank and agency to maintain safe staffing levels. Implementation of a real time database with trust-wide shared access for senior nurses to identify risks and manage nursing and midwifery staffing levels on a day to day, shift by shift basis. |
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| **Links to Board Assurance Framework, CQC outcomes, statutory requirements**The Care Quality Commission (CQC), under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 |
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| **Legal implications** (if applicable) |
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| **Financial implications** (if applicable |
|
| **Recommendations** (delete as appropriate)The Trust Board is therefore asked to note the information in this report. |
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**Trust Board Meeting**

**13 November 2014**

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# Agenda Item: 14/22

## **Trust Board Meeting – 13 November 2014**

## **Safe Staffing nursing and midwifery – month 6**

# Presented by: Tracey Carter, Chief Nurse and Director for Infection Prevention and Control

**1.** **Purpose**

* 1. This paper provides an update on managing safe nursing and midwifery staffing levels within the inpatient wards during September.
1. **Background**
	1. The Trust submitted all unify data to NHS England as required by 10 October which is available to view on NHS Choices website at the end of the month. See Appendix 1 for September unify data by site and ward.
2. **Analysis/Discussion**
	1. The Trust reported 2,356 unfilled hours for trained nurses and midwives and 836.5 hours unfilled against planned hours for healthcare assistants on day shifts. On night shifts, 253 hours were unfilled for trained nurses/midwives against the planned hours required on duty. For healthcare assistants, 127 hours were worked above planned hours on nights.
	2. Comparison data and trends overall in the Trust can be seen in tables 1-3 below. This shows all staff on duty including unplanned essential staff e.g 1:1 specials. The overall fill rate shows a rise in filled hours, when compared to the previous month for healthcare assistants on both days and nights, and trained nurses/midwives on nights. Trained nurses/midwives filled hours against planned hour’s shows a reduction on days compared to August.

Monthly comparison data and trends of the percentage of filled hours against planned hours by division is shown in appendix 2.

Table 1 – West Hertfordshire Hospitals - overall percentage of hours filled against planned

Table 2 – St Albans City Hospital - percentages of hours filled against planned

Table 3 – Watford General Hospital - percentages of hours filled against planned

* 1. Some clinical areas are noted to have an increase in hours above planned hours for healthcare assistants due to fluctuations in the acuity or dependency of patients on some shifts e.g 1:1 specials and escorts. Clinical areas also mitigated risks on some shifts with a health care assistant where a trained nurse could not be sourced to maintain safe care.
	2. Across all wards and departments there were 2,381 day and night shift. Of these 2,253 shifts were rated green, 126 rated amber and 2 rated red. See appendix 3 for monthly detail by ward/department, which also includes areas not in the unify data reporting. From September, the Emergency Surgical Assessment Unit has been included in the daily shift reporting.
	3. There was a 1% increase in amber ratings during the month of September in comparison with the previous month, and 0.1% of shifts were recorded as red. See below monthly trends for overall percentage of shift RAG rating.
	4. In September, The Division of Medicine reported a decrease in amber rated shifts of 0.5%, Surgery an increase of 2.1% and Women’s and Children’s an increase of 3.2%, when compared to August. The Division of Medicine also recorded two red shifts (0.2%) during September. See tables 1-3 below for comparison data by division.

 Table 2 - Medicine monthly percentage shift RAG rating

Table 3 - Surgery monthly percentage shift RAG rating

Table 4 – Women and children’s monthly percentage shift RAG rating

* 1. All areas that rated red and amber on a day or night shifts took action to mitigate risks to maintain patient safety.

A total of 894 band 7 supervisory hours were lost in September to mitigate against unfilled hours and maintain safe patient care within the adult in patient wards. This was an increase of 30 hours on the previous month.

Details of the safe staffing exception report for September can be found in appendix 4, by division and ward, with mitigations to maintain safe staffing on the red and amber rated days.

* 1. In July 2014, the National Institute for Health and Care Excellence (NICE) published their guidance in relation to safer staffing. As part of the guidance, NICE recommended that wards implement systems to report and monitor nursing ‘Red Flags’.

The guidance points to a number of patient factors that would denote a red flag event, as well as quantifying a red flag in terms of staffing levels. In response to the NICE Guidance, it has been agreed to capture this information at the beginning of each shift and show red flag incidents on a new daily sitrep.

* Less than 2 registered nurses present on a ward during any shift.
* A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift.

The current sitrep shows the number of planned and actual numbers of staff on duty for each shift, nurse to patient ratios and staff to patient ratios. The nurse in charge records the RAG (Red, Amber, and Green) status of the shift according to safety and documents any actions and mitigations taken.

The new sitrep will continue to capture the same information as the current sitrep but will also record the number of planned and actual hours on duty for registered nurses/midwives and healthcare assistants. Shifts on a ward where there are less than 23 hours of registered nurses/midwives on duty (this would equate to less than 2 registered nurses on shift) will register as a red flag event. Shifts where there is shortfall of more than 8 hours of registered nurse time below planned hours will register as a red flag event.

The new sitrep will be piloted from 3 November. The number of red flag events will be closely monitored and reported through the daily ‘onion’ meetings and monthly nursing and midwifery safe staffing paper. Appendix 5 shows an example of the current sitrep and the proposed sitrep to capture the red flag events.

* 1. Recruitment and retention of registered nurses remains a challenge and as of 30 September the vacancy for registered nurses and midwifes was 16.9%.

Within the workforce recruitment and retention group, processes and systems have been reviewed to enable a more efficient and robust process. New exit questionnaires have been developed to understand the reasons for staff leaving the organisation so that a strategy can be developed to improve retention.

The cohort recruitment of Band 5 nurses has now moved from monthly to fortnightly to maximise opportunities to fill registered nurse vacancies. Healthcare assistant cohort recruitment continues to take place every month.

A meeting has been set up in early November to discuss and consider further recruitment overseas for registered nurses to support the local recruitment drives and fill vacant posts.

1. **Risks**
	1. There will be times when patients are admitted with higher acuity that require a higher level of staff than the agreed requirement, ie 1:1 nursing.
	2. Data is currently sourced from both electronic and manual data entry to enable ratification of robust data collection. User error and administrative failure remain a risk to data quality.
	3. Continued use of temporary staff presents an ongoing risk to the trust.
2. **Recommendation**
	1. The Trust Board is therefore asked to:
* Note the information in this report.

### Tracey Carter

**Chief Nurse and DIPC**

**4th November 2014**

**Appendix 1**

West Hertfordshire Hospitals Unify Fill rate indicator return Staffing: Nursing, midwifery and care staff September 2014

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Day** | **Night** |  |  |  |  |
|  | **Registered midwives/nurses** |  | **Care Staff** |  | **Registered midwives/nurses** |  | **Care Staff** |  | Day |   | Night |   |
| **Site Name** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Average fill rate - registered nurses/midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/midwives (%)** | **Average fill rate - care staff (%)** |
| St Albans City Hospital | 1817.5 | 1694 | 839.5 | 997.5 | 1150 | 1161.5 | 333.5 | 333.5 | 93.2% | 118.8% | 101.0% | 100.0% |
| Watford General Hospital | 49307 | 47074 | 24906 | 23911.5 | 42872 | 42607.5 | 17537.5 | 17664 | 95.5% | 96.0% | 99.4% | 100.7% |

West Hertfordshire Hospitals Unify Fill rate indicator return by ward September 2014

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |   |   |   | **Day** | **Night** | **Day** | **Night** |
| **Hospital Site Details** | **Ward name** | **Main 2 Specialties on each ward** | **Registered midwives/nurses** | **Care Staff** | **Registered midwives/nurses** | **Care Staff** | **Average fill rate - registered nurses/midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/midwives (%)** | **Average fill rate - care staff (%)** |
|  | **Hospital Site name** | **Specialty 1** | **Specialty 2** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Total monthly planned staff hours** | **Total monthly actual staff hours** | **Total monthly planned staff hours** | **Total monthly actual staff hours** |
| RWG02 | Watford General Hospital - RWG02 | AAU Blue Level 1 | 300 - GENERAL MEDICINE |  | 1200 | 1112.5 | 690 | 701.5 | 1035 | 1023.5 | 690 | 690 | 92.7% | 101.7% | 98.9% | 100.0% |
| RWG02 | Watford General Hospital - RWG02 | AAU Yellow Level 1 | 300 - GENERAL MEDICINE |   | 1185 | 1120 | 690 | 713 | 1035 | 1023.5 | 690 | 690 | 94.5% | 103.3% | 98.9% | 100.0% |
| RWG02 | Watford General Hospital - RWG02 | AAU Green Level 1 | 300 - GENERAL MEDICINE |   | 1147.5 | 1124.5 | 690 | 678.5 | 1035 | 1035 | 690 | 690 | 98.0% | 98.3% | 100.0% | 100.0% |
| RWG02 | Watford General Hospital - RWG02 | AAU Red Suite | 300 - GENERAL MEDICINE |   | 1192.5 | 1192.5 | 690 | 655.5 | 1035 | 1012 | 345 | 402.5 | 100.0% | 95.0% | 97.8% | 116.7% |
| RWG02 | Watford General Hospital - RWG02 | AAU Blue Level 3 | 300 - GENERAL MEDICINE |   | 1410 | 1345 | 1035 | 1000.5 | 1380 | 1357 | 690 | 713 | 95.4% | 96.7% | 98.3% | 103.3% |
| RWG02 | Watford General Hospital - RWG02 | AAU Yellow Level 3 | 300 - GENERAL MEDICINE |   | 1200 | 1165.5 | 690 | 655.5 | 1035 | 1023.5 | 345 | 333.5 | 97.1% | 95.0% | 98.9% | 96.7% |
| RWG02 | Watford General Hospital - RWG02 | AAU Green & Purple Level 3 | 300 - GENERAL MEDICINE |   | 1798 | 1763.5 | 1380 | 1334 | 1380 | 1380 | 690 | 701.5 | 98.1% | 96.7% | 100.0% | 101.7% |
| RWG02 | Watford General Hospital - RWG02 | Bluebell | 430 - GERIATRIC MEDICINE |   | 1545 | 1503 | 1380 | 1345.5 | 1380 | 1368.5 | 1380 | 1391.5 | 97.3% | 97.5% | 99.2% | 100.8% |
| RWG02 | Watford General Hospital - RWG02 | Winyard | 430 - GERIATRIC MEDICINE |   | 1147.5 | 1128 | 690 | 701.5 | 1035 | 1046.5 | 690 | 678.5 | 98.3% | 101.7% | 101.1% | 98.3% |
| RWG02 | Watford General Hospital - RWG02 | Sarratt | 430 - GERIATRIC MEDICINE |   | 1875 | 1933.5 | 1597.5 | 1487 | 1725 | 1725 | 1035 | 1081 | 103.1% | 93.1% | 100.0% | 104.4% |
| RWG02 | Watford General Hospital - RWG02 | Croxley | 430 - GERIATRIC MEDICINE |   | 1515 | 1476.5 | 1260 | 1172.5 | 1380 | 1345.5 | 1035 | 920 | 97.5% | 93.1% | 97.5% | 88.9% |
| RWG02 | Watford General Hospital - RWG02 | Coronary Care Unit (CCU) | 320 - CARDIOLOGY |   | 1492.5 | 1442.5 | 253 | 230 | 1380 | 1345.5 | 0 | 0 | 96.6% | 90.9% | 97.5% | #DIV/0! |
| RWG02 | Watford General Hospital - RWG02 | Cassio | 300 - GENERAL MEDICINE |   | 1192.5 | 1169.5 | 690 | 908.5 | 1035 | 1023.5 | 345 | 598 | 98.1% | 131.7% | 98.9% | 173.3% |
| RWG02 | Watford General Hospital - RWG02 | Gade | 370 - MEDICAL ONCOLOGY |   | 1170 | 1131.5 | 690 | 670.5 | 1035 | 1035 | 345 | 356.5 | 96.7% | 97.2% | 100.0% | 103.3% |
| RWG02 | Watford General Hospital - RWG02 | Heronsgate | 300 - GENERAL MEDICINE |   | 1200 | 1161.5 | 801.5 | 843.5 | 1035 | 1035 | 345 | 379.5 | 96.8% | 105.2% | 100.0% | 110.0% |
| RWG02 | Watford General Hospital - RWG02 | Aldenham | 300 - GENERAL MEDICINE |   | 2139.5 | 2082 | 1115.5 | 1054 | 2070 | 1978 | 345 | 414 | 97.3% | 94.5% | 95.6% | 120.0% |
| RWG02 | Watford General Hospital - RWG02 | Acute Stroke Unit Watford | 300 - GENERAL MEDICINE |   | 2580 | 2396 | 1260 | 1207 | 2415 | 2415 | 1035 | 1046.5 | 92.9% | 95.8% | 100.0% | 101.1% |
| RWG03 | St Albans City Hospital - RWG03 | De La Mare/Beckett | 100 - GENERAL SURGERY |   | 1817.5 | 1694 | 839.5 | 997.5 | 1150 | 1161.5 | 333.5 | 333.5 | 93.2% | 118.8% | 101.0% | 100.0% |
| RWG02 | Watford General Hospital - RWG02 | Letchmore | 100 - GENERAL SURGERY |   | 1177.5 | 1186 | 690 | 736 | 1035 | 1023.5 | 345 | 448.5 | 100.7% | 106.7% | 98.9% | 130.0% |
| RWG02 | Watford General Hospital - RWG02 | Ridge | 100 - GENERAL SURGERY |   | 1537.5 | 1391.5 | 1035 | 931.5 | 1035 | 1046.5 | 690 | 690 | 90.5% | 90.0% | 101.1% | 100.0% |
| RWG02 | Watford General Hospital - RWG02 | Flaunden | 100 - GENERAL SURGERY |   | 1537.5 | 1437.5 | 1035 | 1138.5 | 1380 | 1357 | 345 | 425.5 | 93.5% | 110.0% | 98.3% | 123.3% |
| RWG02 | Watford General Hospital - RWG02 | Cleves | 100 - GENERAL SURGERY |   | 1200 | 1162.5 | 1035 | 948.5 | 1035 | 1000.5 | 345 | 678.5 | 96.9% | 91.6% | 96.7% | 196.7% |
| RWG02 | Watford General Hospital - RWG02 | Langley | 100 - GENERAL SURGERY |   | 1108 | 1004.5 | 437 | 517.5 | 690 | 667 | 345 | 345 | 90.7% | 118.4% | 96.7% | 100.0% |
| RWG02 | Watford General Hospital - RWG02 | Combined ITU | 192 - CRITICAL CARE MEDICINE |   | 5155.5 | 4964 | 322 | 287.5 | 4922 | 4945 | 287.5 | 241.5 | 96.3% | 89.3% | 100.5% | 84.0% |
| RWG02 | Watford General Hospital - RWG02 | Starfish | 321 - PAEDIATRIC CARDIOLOGY |   | 1288 | 1248.5 | 345 | 333.5 | 1035 | 1012 | 345 | 322 | 96.9% | 96.7% | 97.8% | 93.3% |
| RWG02 | Watford General Hospital - RWG02 | SCBU | 321 - PAEDIATRIC CARDIOLOGY |   | 2208 | 2292 | 954.5 | 785.5 | 2070 | 2231 | 1035 | 644 | 103.8% | 82.3% | 107.8% | 62.2% |
| RWG02 | Watford General Hospital - RWG02 | Elizabeth Ward | 502 - GYNAECOLOGY |   | 1485 | 1434 | 690 | 712 | 1035 | 1000.5 | 690 | 644 | 96.6% | 103.2% | 96.7% | 93.3% |
| RWG02 | Watford General Hospital - RWG02 | Delivery Suite | 501 - OBSTETRICS |   | 3495 | 3215.5 | 690 | 566 | 3105 | 3082 | 690 | 563.5 | 92.0% | 82.0% | 99.3% | 81.7% |
| RWG02 | Watford General Hospital - RWG02 | ABC | 501 - OBSTETRICS |   | 1260 | 1069 | 345 | 306.5 | 1035 | 989 | 345 | 310.5 | 84.8% | 88.8% | 95.6% | 90.0% |
| RWG02 | Watford General Hospital - RWG02 | Victoria | 501 - OBSTETRICS |   | 915 | 716.5 | 345 | 264.5 | 690 | 690 | 345 | 299 | 78.3% | 76.7% | 100.0% | 86.7% |
| RWG02 | Watford General Hospital - RWG02 | Katherine | 501 - OBSTETRICS |   | 1605 | 1372 | 1035 | 795.5 | 1035 | 1046.5 | 690 | 621 | 85.5% | 76.9% | 101.1% | 90.0% |
| RWG02 | Watford General Hospital - RWG02 | Knutsford | 501 - OBSTETRICS |   | 345 | 333.5 | 345 | 230 | 345 | 345 | 345 | 345 | 96.7% | 66.7% | 100.0% | 100.0% |

**Appendix 2**

Monthly comparison data and trends of the percentage of filled hours against planned by division

**Appendix 3**

Number of day and night shifts (includes long days early and late shifts) planned against actual on duty September 2014.

Please note the actual staff on duty would include staff unplanned but essential to maintain patient safety e.g. 1:1 specials and staff rostered and working clinically on a period of supervision (orientation). These staff would be in addition to the planned staffing levels and distort the actual required staffing levels

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division** | **Area** | **No. of Day Shifts**  | **No. of NightShifts** | **No. of Day Shifts**  | **No. of NightShifts** |
| **Planned** | **Actual** | **Planned** | **Actual** | **Planned** | **Actual** | **Planned** | **Actual** |
| **Registered Nurses/Midwives** | **Healthcare Assistants** |
| **Medicine** | **AAU Blue Level 1** | 112 | 103 | 90 | 89 | 60 | 61 | 60 | 60 |
| **AAU Yellow Level 1** | 110 | 104 | 90 | 89 | 60 | 62 | 60 | 60 |
| **AAU Green Level 1** | 105 | 103 | 90 | 90 | 60 | 59 | 60 | 60 |
| **AAU Red Suite** | 111 | 111 | 90 | 88 | 60 | 57 | 30 | 35 |
| **AAU Triage** | 185 | 158 | 90 | 87 | 90 | 78 | 60 | 61 |
| **AAU Blue Level 3** | 124 | 118 | 120 | 118 | 90 | 87 | 60 | 62 |
| **AAU Yellow Level 3** | 112 | 109 | 90 | 89 | 60 | 57 | 30 | 29 |
| **AAU Green & Purple L3** | 164 | 161 | 120 | 120 | 120 | 116 | 60 | 61 |
| **Bluebell** | 142 | 138 | 120 | 119 | 120 | 117 | 120 | 121 |
| **Winyard** | 105 | 104 | 90 | 91 | 60 | 61 | 60 | 59 |
| **A&E** | 300 | 284 | 300 | 295 | 120 | 98 | 60 | 53 |
| **UCC Hemel** | 90 | 90 | 60 | 60 | 30 | 30 | 0 | 0 |
| **MIU SACH** | 60 | 60 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Sarratt** | 171 | 181 | 150 | 150 | 149 | 130 | 90 | 94 |
| **Croxley** | 138 | 135 | 120 | 117 | 120 | 111 | 90 | 80 |
| **CCU** | 135 | 131 | 120 | 117 | 22 | 20 | 0 | 0 |
| **Cassio** | 111 | 109 | 90 | 89 | 60 | 79 | 30 | 52 |
| **Gade** | 108 | 105 | 90 | 90 | 60 | 59 | 30 | 31 |
| **Heronsgate** | 112 | 109 | 90 | 90 | 77 | 81 | 30 | 33 |
| **Aldenham** | 183 | 187 | 180 | 172 | 108 | 90 | 30 | 36 |
| **Acute Stroke Unit** | 232 | 216 | 210 | 210 | 90 | 114 | 90 | 91 |
| **Total** | **2910** | **2816** | **2400** | **2370** | **1616** | **1567** | **1050** | **1078** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division** | **Area** | **No. of Day Shifts**  | **No. of NightShifts** | **No. of Day Shifts**  | **No. of NightShifts** |
| **Planned** | **Actual** | **Planned** | **Actual** | **Planned** | **Actual** | **Planned** | **Actual** |
| **Registered Nurses/Midwives** | **Healthcare Assistants** |
| **Surgery** | **Beckett** | 25 | 26 | 10 | 10 | 13 | 17 | 0 | 0 |
| **De La Mare** | 140 | 138 | 90 | 91 | 60 | 76 | 30 | 29 |
| **Letchmore** | 109 | 109 | 90 | 89 | 60 | 64 | 30 | 39 |
| **Flaunden** | 141 | 133 | 120 | 118 | 90 | 99 | 30 | 37 |
| **Ridge** | 141 | 129 | 90 | 91 | 90 | 81 | 60 | 60 |
| **Cleves** | 112 | 107 | 90 | 87 | 90 | 87 | 30 | 59 |
| **Langley** | 104 | 95 | 60 | 58 | 38 | 45 | 30 | 30 |
| **ESAU** | 30 | 39 | 0 | 30 | 30 | 25 | 0 | 28 |
| **Combined ITU** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **802** | **776** | **550** | **574** | **471** | **494** | **210** | **282** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division** | **Area** | **No. of Day Shifts**  | **No. of NightShifts** | **No. of Day Shifts**  | **No. of NightShifts** |
| **Planned** | **Actual** | **Planned** | **Actual** | **Planned** | **Actual** | **Planned** | **Actual** |
| **Registered Nurses/Midwives** | **Healthcare Assistants** |
| **Womens & Childrens** | **Paediatrics** | **Starfish** | 112 | 105 | 89 | 78 | 30 | 28 | 30 | 22 |
| **CED** | 120 | 131 | 90 | 86 | 0 | 0 | 0 | 0 |
| **Safari Day Unit** | 49 | 61 | 0 | 0 | 5 | 10 | 0 | 0 |
| **Neonatal Unit** | 187 | 191 | 180 | 183 | 29 | 25 | 30 | 16 |
| **Transitional Care Unit** | 5 | 9 | 0 | 10 | 54 | 44 | 60 | 39 |
| **Gynaecology** | **Elizabeth** | 134 | 132 | 90 | 87 | 60 | 64 | 60 | 56 |
| **Maternity** | **Delivery Suite** | 322 | 299 | 270 | 268 | 60 | 53 | 60 | 49 |
| **Alexandra BC** | 120 | 97 | 90 | 86 | 30 | 27 | 30 | 27 |
| **Victoria** | 90 | 65 | 60 | 60 | 30 | 23 | 30 | 26 |
| **Katherine** | 150 | 122 | 90 | 91 | 90 | 74 | 60 | 54 |
| **Knutsford** | 30 | 29 | 30 | 30 | 30 | 20 | 30 | 30 |
| **Total** | **1319** | **1241** | **989** | **979** | **418** | **368** | **390** | **319** |

**Appendix 4**

September 2014 Trust safe staffing exception report

|  |
| --- |
| **Nursing & Midwifery Professional Judgement safe staffing RAG Rates** |
| **Green** - Staffing numbers are as expected on the rota and ward is assessed as being safely staffed taking into consideration workload and patient acuity. Staffing numbers are not as expected but safe according to current workload. |
| **Amber** - Staffing numbers are not as expected and minor adjustments need to be made to bring staffing to a reasonable level given workload and acuity or staffing numbers are as expected but given workload and acuity additional staff are required. |
| **Red** - Staffing levels inadequate to cope with current patient needs. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division** | **Area** | **Date** | **Shift** | **Professional Judgement Rag Rating**  | **Comments, Mitigation - Actions taken to Ensure safe Staffing Levels** |
| **Medicine** | **AAU Blue L1** | 07/09/2014 | Night | **A** | 1 RN down for the day, triage nurse to help  |
| 30/09/2014 | Day | **A** | 1 RN down for long day, L1 Yellow to support  |
| **AAU Blue L3** | 06/09/2014 | Day | **A** | band 5 LD not covered but the other areas help |
| 16/09/2014 | Day | **A** | 1 band 5 shift not covered band 7 work in the uncovered shift  |
| 29/09/2014 | Night | **A** | Band 6 had home emergency Borrowed HCA from L3Y |
| **AAU G&P L3** | 16/09/2014 | Day | **A** | 2 bank shifts not covered., Band 7 supervisory supporting clinically |
| **AAU Red Suite** | 05/09/2014 | Day | **A** | supervisory early in the numbers. Will need to review clinical activity PM |
| 25/09/2014 | Day | **A** | 1 rn off sick for long day. Supervisery will go into numbers until 3 pm. |
| **AAU Triage** | 04/09/2014 | Day | **A** | Down 2 RN band 7 in the numbers, matron to supports them. |
| 07/09/2014 | Night | **A** | shift not covered by agency. Support from AAU L1 clinical areas |
| 12/09/2014 | Night | **A** | RN down at night out to NHSP. Support from AAU L1 clinical areas |
| 28/09/2014 | Day | **A** | down a RN day out on NHSP. AAU L1 clinical areas to support |
| **AAU Yellow L1** | 07/09/2014 | Night | **A** | shift out to agency. Support from AAU level 1 areas |
| **AAU Yellow L3** | 08/09/2014 | Day | **A** | shifts out to NHSP. Support from L3 Blue and green and purple |
| 08/09/2014 | Night | **A** | shifts out to NHSP. Support from L3 Blue and green and purple |
| **Bluebell** | 04/09/2014 | Day | **A** | RN redeployed to Winyard |
| 05/09/2014 | Day | **A** | band 2 activities co-ordinator in numbers.senior sister to work in the numbers  |
| 21/09/2014 | Day | **A** | senior sister informed |
| **Winyard** | 03/09/2014 | Day | **A** | x1 band 5 down- out to nhsp/agency. Band 7 in numbers matron aware  |
| 09/09/2014 | Day | **A** | RN shifts not filled. Supervisory Band 7 will be in the numbers for the late shift. Bluebell to support and Matron |
| 30/09/2014 | Day | **A** | HCA called in sick 03.00/have wanderer/and workload heavy. Band 7 supporting clinically |
| **A&E** | 03/09/2014 | Day | **R** | 2 qualified nurses short 3 tech short dept very busy. Escalated at Onion, 2 lead nurses from the corporate team came to help. Agency nurse sent post escort. Department reminded under pressure all day. |
| 06/09/2014 | Day | **A** | 2 shifts for RN out to NHSP - not filled |
| 09/09/2014 | Day | **A** | staff moved to mitigate risks |
| 30/09/2014 | Day | **A** | Day shift - agency cancelled late x 1. Also RN sick at 06:00 this morning. No early ENP. 2 RN's coming in later at 11:00 & 12:00 to do late shifts to cover.  |
| **Acute Stroke Unit** | 05/09/2014 | Day | **A** | Need RN for the stroke gym, one RN for ASU, day shift band 7 supporting clinically |
| 06/09/2014 | Day | **A** | nurse moved from CCU/Aldenham for day shift. Staff moved from night to day and SSR had already agreed to work to mitigate risk before the day |
| 08/09/2014 | Day | **A** | Band 7 supporting clinically. Staff RN redeployed to support |
| 12/09/2014 | Day | **A** | no clinical areas able to support. Senior sister working clinically |
| 16/09/2014 | Day | **A** | x1 RN ward shift and x1 RN gym surge shift not covered. Band 7 in the numbers |
| **Aldenham** | 14/09/2014 | Day | **A** | Support if needed from Gade and Heronsgate |
| **Cassio** | 03/09/2014 | Day | **A** | NHSP unable to fill shift Band 6 covering band 7 IN the numbers. Matron aware late ran on 2R/N 2 CSW |
| 04/09/2014 | Day | **A** | Band 7 stayed until 15.30 then ward ran on 2 R/N 2 CSW as third R/N was moved to work in another area. Matron and HON aware. |
| 08/09/2014 | Day | **A** | Male special on long day DNA so security stayed with patient until night shift when male nurse was present. Although not ideal patient was contained. Raised in onion and matron HON and CEO aware. |
| 10/09/2014 | Day | **A** | x1 special Band 7 in the numbers as still outstanding R/N NHSP can not fill Matron aware. |
| **CCU** | 04/09/2014 | Day | **A** | RN out to NHSP. Support available from sister who can be contacted for advice. |
| 07/09/2014 | Day | **A** | RN sent to stroke unit for Early shift due to staffing, therefore leaving Early shift Amber.  |
| 08/09/2014 | Day | **A** | RN out to NHSP on longday, Matron aware. |
| 09/09/2014 | Night | **A** | RN out to NHSP. Senior sister can be contacted for support. |
| 12/09/2014 | Day | **A** | Band 7 supporting clinically. RN sent to stroke unit due to staff shortage. |
| 13/09/2014 | Day | **A** | RN out to NHSP. Band 7 can be contacted for advice and support. |
| 14/09/2014 | Night | **A** | RN out to NHSP for night. Band 7 can be contacted for support  |
| **Croxley** | 13/09/2014 | Day | **A** | Support from Sarratt Ward |
| 13/09/2014 | Night | **A** | Support from Sarratt Ward |
| 21/09/2014 | Day | **A** | Support from Sarratt Ward |
| 21/09/2014 | Night | **A** | Support from Sarratt Ward |
| **Gade** | 09/09/2014 | Night | **A** | 3 agency RN on duty for the night shift. One agency has worked on ward before and unqualified nurse is a permanent ward staff. |
| 10/09/2014 | Day | **A** | 1 CSW down for long day. Band 7 supporting clinically |
| 13/09/2014 | Day | **R** | 1 RN down, shift out to bank& agency. Ward also has a patient that needs 1 to 1 care.according to staff nurse Sheila senior nurse Amanda Budd,bed manager and NHSP were aware about the situation.unfortunately senior nurse couldn’t manage to find some one to help the ward .incident report was done . |
| 15/09/2014 | Day | **A** |  1 RN (LD) off sick today. Early shift Green- Late shift Amber after 3pm. Will continue to assess |
| 28/09/2014 | Day | **A** | ward short of 1 RN due to sickness also we need 1 CSW for 1 t0 1. NHSP covered late shift.  |
| 30/09/2014 | Day | **A** | special required for pyschiatric patient who is wandering. Shift will be 1 RN down on the late after 3pm due to non attendance of agency staff nurse . No supervisory working clinically  |
| **Heronsgate** | 27/09/2014 | Day | **A** | 1RN unfilled for weekend, covered with CSW so shift ran on 2 RN and 3 CSW on long day. Night shift was filled but staff did not arrive for duty, RN taken form AAU L3Y to cover, NHSP swapped shift over on system |
| **Sarratt** | 06/09/2014 | Day | **A** | Support from Croxley ward |
| 13/09/2014 | Day | **A** | 1xRN down, Support from Croxley ward |
| **Surgery** | **Beckett** | 05/09/2014 | Day | **A** | Beckett closed PM, support from De La Mare |
| **De La Mare** | 13/09/2014 | Day | **A** | 24 patients on ward. 3 for joint surgery today. Support from Beckett |
| 19/09/2014 | Day | **A** | Matron will work on ward this pm 13.00-20.00 hrs. Only 3 trained in dept ON INC Band 7 on an early. Highlighted as Amber. |
| **Flaunden** | 01/09/2014 | Day | **A** | Band 7 in numbers |
| 15/09/2014 | Day | **A** | one band 5 nhsp cancelled , escalated. Band 7 to take bay |
| 22/09/2014 | Day | **A** | outstanding one RN for day shift, not covered by agency/bank. Band 7 to support clinically |
| 24/09/2014 | Day | **A** | short one RN as have vacancies, out to agency/bank but not covered. No Supervisory, working clinically |
| **Langley** | 20/09/2014 | Day | **A** | HCA phoned in sick at 6am, bed managers and bleep holder aware  |
| **Letchmore** | 01/09/2014 | Day | **A** | One HCA not covered. Ward has high acuity due to medical cleints, Surgical Marton aware, will escalate as required.  |
| 10/09/2014 | Night | **A** | 1x RN not covered. Support from Flaunden ward. |
| 15/09/2014 | Day | **A** | 1 RN and HCA short today. 8 medical patients on ward. Band 7 not supervisory |
| 16/09/2014 | Day | **A** | Extra HCA due to medical pts. No supervisory role, working clinically |
| **ESAU** | 01/09/2014 | Day | **A** | One RN and one HCA short in ESAU, Letchmore not able to offer support, surgical matron aware. Advised RN to escalate as required. Possible Unsafe area if workload increases.  |
| 02/09/2014 | Night | **A** | ESAU short of HCA support, Letchmore will assist as required.  |
| 05/09/2014 | Day | **A** | One RN moved to assist Langley. Will monitor workload and escalate as required.  |
| 08/09/2014 | Day | **A** | RN shift not covered in day. Support from Letchmore |
| 21/09/2014 | Day | **A** | 1 trained and 1 HCA sick, sister taking a bay in the ward and 1 trained from ward to ESAU. ESAU at present has 2 patients, senior nurse will cover. |
| **Ridge** | 01/09/2014 | Day | **A** | No supervisory today -Band 7 taking a bay |
| 15/09/2014 | Day | **A** | No supervisory today -band 7 taking a bay.1 trained and hca not covered |
| 16/09/2014 | Day | **A** | Matron aware that short, 2 TAPs on duty and will take bay. Trauma co-ordinator to suppport in afternoon. |
| 20/09/2014 | Day | **A** | 1 RN and 1HCA outstanding for LD. Support from within other surgical wards |
| **Combined ITU** | 01/09/2014 | Day | **A** | outreach pulled to cover ITU. 1 agency nurse cancelled at 06:30 for day shift on 02/09/14. Patient dependency requires at least 15 nurses. Only 14 nurses on day duty. available.  |
| 01/09/2014 | Day | **A** | outreach pulled to cover ITU. 1 agency nurse cancelled at 06:30 for day shift on 02/09/14. Patient dependency requires at least 15 nurses. Only 14 nurses on day duty. available.  |
| 02/09/2014 | Night | **A** | short staffing due to last minute self-cancellation of agency staff. Outreach nurse pulled out until 1pm. Ward requirement changed for night shift. Now have x 2 ICU beds available. |
| **Women’s & Children’s** | **Paediatrics** | **CED** | 08/09/2014 | Night | **A** | Agency unfilled. Day staff stayed until midnight. Help obtained from Starfish and A&E. Dept very busy.  |
| 09/09/2014 | Night | **A** | Agency DNA for the night. Day staff stayed until 0300 as very unsafe. Starfish sent help and A&E very helpful. |
| 14/09/2014 | Night | **A** | Staff nurse and bank A&E nurse, no incharge nurse on night shift. Support from ED |
| 15/09/2014 | Night | **A** | x1 night nurse to finish shift at 06.00 so only x2 nurses after, support from ED |
| **Safari Day Unit** | 05/09/2014 | Day | **A** | Junior Sister sick today. Support from Starfish ward |
| 17/09/2014 | Day | **A** | Support from Starfish |
| **Starfish** | 19/09/2014 | Day | **A** | we are down 1 trained member of staff due to illness- phoned at 0530. Supervisory Band 7 in numbers. |
| 21/09/2014 | Day | **A** | The ward was staffed as stated however the dependency of the patients was huge. Senior nurse on call aware staff from CED able to assist when required |
| 26/09/2014 | Day | **A** | Last minute staff sickness, unable to cover shift at short notice. Band 7 team aware of staffing and are able to assist when needed. |
| **Neonatal Unit** | 09/09/2014 | Night | **A** | tries to get one more staff. None available. Managable with current number of babies. |
| **Transitional Care Unit** | 26/09/2014 | Day | **A** | one trained staff moved to neonatal unit as less staff in SCBU |
| **Gynaecology** | **Elizabeth** | 05/09/2014 | Day | **A** | Short a Band 5 for the late and no housekeeper today. Get all work done before 3pm to mitigate risk for the late shift.10 medical pts on the ward that need all care. Band 7 also supporting clinically |
| 06/09/2014 | Day | **A** | 1 RGN short for afternoon shift, oncall nurse aware.  |
| 07/09/2014 | Night | **A** | Agency nurse called in late to cancel and no-one to backfill. Bed managers aware and unable to help as hospital short all over. |
| 08/09/2014 | Day | **A** | Full with no ring fenced. Short Band 5 long day and no house keeper. Staff taking 2 bays each and Band 7 on ward. X 6 tci and x3 discharges confirmed. |
| 12/09/2014 | Day | **A** | Agency band 5 cx at 07.20 and band 2 not arrived. B7 will be in numbers but late will leave only x3 Band 5. No pm list so although Amber will be busy but safe and split the bays. x3 tci and no beds with no ring-fenced either. 2 confirmed discharges with 3 ?'s Band 2 arrived 08.45 now updated. |
| 22/09/2014 | Day | **A** |  short of 1 RN on a long day. 5 TCI's - 7 medical & 6 Surgical. Enhance recovery nurse supporting |
| 28/09/2014 | Night | **A** | 1 RN off sick in the PM reduced numbers to 3 RN's - 1 HCA called in sick for the night shift. |
| 29/09/2014 | Day | **A** | 1 RN & 1 HCA long day unfilled- Housekeeper on holiday no cover- will reduce numbers of staff to 3 RN & 1 HCA in the afternoon with Theatre running until 2000hrs - no Supervisory shift - 7 TCI's 1 empty bed to start the day. 7 medical and 1 surgical patients |
| **Maternity** | **Delivery Suite** | 01/09/2014 | Day | **A** | Staff moved to cover Victoria, clinical educator to work clinically, activity managed with regular movement of staff to cover acuity. |
| 04/09/2014 | Day | **A** | 1 Midwife short. Shift out to NHSP on day and night. Will redeploy from other areas  |
| 08/09/2014 | Day | **A** | total 3 RM short for long day 1 x RM short fo late shift, will redeploy as acuity allows. Will utilise RM that are on management days and call on them to work clinically. No HCA on night shift. Shift out to NHSP but not filled. Will redeploy HCA according to acuity/workload. |
| 08/09/2014 | Night | **A** | total 3 RM short for long day 1 x RM short fo late shift, will redeploy as acuity allows. Will utilise RM that are on management days and call on them to work clinically. No HCA on night shift. Shift out to NHSP but not filled. Will redeploy HCA according to acuity/workload. |
| 09/09/2014 | Day | **A** | 1 RM shift unfilled, utilise super numary and clinical educator |
| 10/09/2014 | Day | **A** | 1 midwife shift unfilled due to sickness, shift requested via NHSP, utilisation of SN  |
| 22/09/2014 | Day | **A** | 1 HCA down on night shift, shift not covered. To redeploy staff according to acuity  |
| 25/09/2014 | Night | **A** | Long day and early shift unfilled NHSP. On NHSP and agency aware. HCA 1 shift unfilled. To redeploy staff according to acuity  |
| 27/09/2014 | Day | **A** | 1 HCA shift unfilled (sickness). To redeploy staff according to acuity  |
| ABC | 01/09/2014 | Day | **A** | 1 agency shift cancelled, at 07.30 already 1 shift vacant in Katherine this will affect the ability to redeploy, staffing manageable, within current activity shift on NHSP clinical educator to cover E clinical shift |
| 07/09/2014 | Night | **A** | 1 midwife short. Shift out to NHSP. 2 in labour, therefore green status at 08:00 hrs. |
| 08/09/2014 | Day | **A** | 1 Midwife shift vacant redeploy where possible, using SN and clinical educator midwives. |
| 09/09/2014 | Day | **A** | 1 midwife shift vacant to utilise SN midwife. |
| 11/09/2014 | Day | **A** | I midwife shift vacant due to staff member being sent home sick and re-deployment to another area in maternity, no support staff on night shift to share cover with Victoria ward. |
| 15/09/2014 | Day | **A** | Shift cancelled at 0700, cover from practise educators |
| 22/09/2014 | Day | **A** | 1 Midwife short for late shift. Shift out to NHSP. To redeploy staff according to acuity  |
| 29/09/2014 | Night | **A** | 1 midwife redeployed from day shift to assist on DS. Activity on ABC able to accommodate this. Agency mw booked for night shift DNA |
| 30/09/2014 | Day | **A** | 1 MW short for a long day. Unfilled Agency shift. To redeploy staff according to acuity  |
| Victoria | 02/09/2014 | Day | **A** | Staff redeployed to support area |
| 27/09/2014 | Night | **A** | support staff shift for night unfilled. To redeploy staff according to acuity  |
| Katherine | 01/09/2014 | Day | **A** | one MW shift vacant, requested on NHSP, MW on knutsford to help if required, activity manageable within current staffing levels. |
| 08/09/2014 | Day | **A** | Due to acuity on Knutsford utilise midwife to provide additional cover supported with HCA. |
| 19/09/2014 | Day | **A** | To redeploy staff according to acuity  |
| 19/09/2014 | Night | **A** | To redeploy staff according to acuity  |
| 27/09/2014 | Day | **A** | support staff shift for day unfilled. To redeploy staff according to acuity  |
| 28/09/2014 | Day | **A** | 1 MW redeployed to Knutsford due to sickness |
| Knutsford | 15/09/2014 | Day | **A** | one midwife shift vacant, cover to be from katherine ward. HCA shift vacant utilise housekeeper and support staff from katherine |
| 22/09/2014 | Day | **A** | No HCA on day shift. Shift out to NHSP.To redeploy staff according to acuity  |
| 30/09/2014 | Day | **A** | HCA shift unfilled on long day. To redeploy staff according to acuity  |

**Appendix 5**

Current Sitrep

Shows the number of shifts planned against actual on duty, RN to patient ratio, staff to patient ratio and professional judgement RAG rating for each shift.

|  |  |
| --- | --- |
| **Area** | **Day Shift** |
| **Planned Registered Nurses** | **Actual Registered Nurses** | **Planned Healthcare Assistants** | **Actual Healthcare Assistants** | **Planned RN to Bed** | **Actual RN to Bed** | **Planned Staff to Bed** | **Actual Staff to Bed** | **Professional Judgement Rag Rating** |
| **AAU Blue Level 1** | **3** | **3** | **2** | **2** | **1:5** | **1:5** | **1:3** | **1:3** | **G** |

|  |  |
| --- | --- |
| **Area** | **Night Shift** |
| **Planned Registered Nurses** | **Actual Registered Nurses** | **Planned Healthcare Assistants** | **Actual Healthcare Assistants** | **Planned RN to Bed** | **Actual RN to Bed** | **Planned Staff to Bed** | **Actual Staff to Bed** | **Professional Judgement Rag Rating** |
| **AAU Blue Level 1** | **3** | **3** | **2** | **2** | **1:5** | **1:5** | **1:3** | **1:3** | **G** |

Proposed Sitrep

Shows the number of shifts and hours planned against actual on duty, RN to patient ratio, staff to patient ratio, professional judgement RAG rating for each shift and highlights red flag events.

|  |  |
| --- | --- |
| **Area** | **Day Shift** |
| **Planned RN's on Duty** | **Actual RN's on Duty** | **Planned HCA's on Duty** | **Actual HCA's on Duty** | **Planned RN Hrs** | **Actual RN Hrs** | **Planned HCA Hrs** | **Actual HCA Hrs** | **Planned RN to Bed** | **Actual RN to Bed** | **Planned Staff to Bed** | **Actual Staff to Bed** | **Red Flag Minimum of 2 RN's on Shift** | **More than 8 hrs RN less than planned** | **Professional Judgement Rag Rating Professional** |
|  **Rag Rating** |
| **AAU Blue Level 1** | 3 | 3 | 2 | 2 | 34.5 | 30 | 23 | 23 | 1:5 | 1:6 | 1:3 | 1:3 |  |  | **G** |

|  |  |
| --- | --- |
| **Area** | **Night Shift** |
| **Planned RN's on Duty** | **Actual RN's on Duty** | **Planned HCA's on Duty** | **Actual HCA's on Duty** | **Planned RN Hrs** | **Actual RN Hrs** | **Planned HCA Hrs** | **Actual HCA Hrs** | **Planned RN to Bed** | **Actual RN to Bed** | **Planned Staff to Bed** | **Actual Staff to Bed** | **Red Flag Minimum of 2 RN's on Shift** | **More than 8 hrs RN less than planned** | **Professional Judgement Rag Rating** |
|
| **AAU Blue Level 1** | 3 | 2 | 2 | 2 | 34.5 | 23 | 23 | 23 | 1:5 | 1:8 | 1:3 | 1:4 |  |  | **G** |