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**REPORT TO THE BOARD**

**Date** May 2019

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| **Title** | **Staffing Paper – 6 monthly report** |
| **Sponsoring Director** | Name: Lisa SalterTitle: Director of Nursing & Governance |
| **Author (s)** | Name: Lindsey VlasmanTitle: Deputy Director of Nursing & Governance |
| **Previously considered by:** | Senior nursing team |
| **Executive Summary** The purpose of this paper is to provide assurance regarding nurse staffing at The Walton Centre. This review is undertaken 6-monthly as per NICE guidance, with the last paper being presented in November 2018.The review is undertaken to ensure that all stakeholders including patients, families, staff and the Trust Board recognise and understand any risks and assurances associated with current nurse staffing levels and the actions required to ensure quality care is delivered in a safe and cost effective manner. This paper identifies that staffing is safe within The Walton Centre and the Board are requested to receive a further report in 6 months, or sooner should this be required. During the last 6 months the main area of focus has been CRU due to concerns related to recruitment and retention. For the next 6 months the trust will be looking at introducing the workforce safeguards working closely with NHSI  |
| **Related Trust Strategic Objectives** | 1. Improving quality by focusing on patient safety, patient experience and clinical effectiveness;
2. Recruiting, retaining and developing our workforce;
3. Maintaining our financial health.
 |
| **Risks associated with this paper** | As contained within the paper |
| **Related Assurance Framework entries** | Related to BAF risk on national nurse shortages and ability to maintain safe staffing levels. Risk Number 0035 |
| **Equality Impact Assessment completed** | N/A |
| **Are there any associated legal implications / regulatory requirements?** | * Yes – NHSE / NHSI and CQC requirements and regulations
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| **Action required by the Board** | * To acknowledge and support the requested changes
* Receive a further report in 6 months
 |

1. **Executive Summary**

The purpose of this paper is to provide assurance regarding nurse staffing at The Walton Centre. This review is undertaken 6-monthly as per NICE guidance, with the last paper being presented in November 2018. The review is undertaken to ensure that all stakeholders including patients, families, staff and the Trust Board recognise and understand any risks and assurances associated with current nurse staffing levels and the actions required to ensure quality care is delivered in a safe and cost effective manner. This paper identifies that staffing is safe within The Walton Centre and the Board are requested to receive a further report in 6 months. However further work will be undertaken on CRU to look at the establishment due to the number of patients requiring enhanced levels of care.

1. **Introduction and Background**

This review is undertaken 6-monthly as per NICE guidance, with the last paper being presented in November 2018. Several national documents have been written about safe staffing in recent years including, “Safe and effective staffing: Nursing against the odds” (RCN, 2017), National Quality Board (2016), NICE safer staffing (2014), “The Francis review” (2013) and “The Berwick Review” (2013). The guidance from these documents has been considered when reviewing the staffing for nursing at WCFT. The Trust also acknowledges work undertaken by NHSE, CQC and NHS Improvement pertaining to safe staffing, efficiencies and the recent recruitment and retention work and this has also been referenced as part of the review.

NHSI have released a new document in October (2018) entitled ‘Developing Workforce Safeguards’. The Trust will be changing the presentation of the staffing paper in future, to incorporate the wider workforce. A task and finish group has been developed to look at how the Walton Centre will manage future staffing reviews for all staff groups. The trust board will see these changes in the staffing paper for November 2019.

1. **Staffing situation since the presentation of the November 2018 nurse staffing review**
* Deputy Director of Nursing and Lead Nurse for Neuro Surgery role has now been split into 2 roles. The Deputy Director of Nursing post has now been recruited to and has taken on Governance from April 2019. The Corporate Trust Secretary role that was merged with the Deputy Director of Governance role has now been made into a substantive role of its own.
* Lead Nurse for Neurosurgery currently out to advert, with a new title Divisional Nurse Director which is in line with the other triumvirate titles.
* Safeguarding Matron administration post (band 3) recruited into in April 2019 to start May 2019
* Recruitment of a Specialist Nurse for Diabetes has been successful. Currently awaiting checks and a start date.
* 2 Ward Manager vacancies for CRU and Outpatients have now been recruited and commenced in post in April 2019
* 4 Nurse Associates have qualified in April 2019 and have now commenced in post.
1. **Methodology**

Staffing data, Care Hours Per Patient Day (CHPPD) and actual against planned staffing is analysed monthly and is uploaded to the National Database (Unify), to the WCFT website for public access and reported to Trust Board. In addition to this a 6-monthly report is completed, the last one being in November 2018. Various tools were used to undertake the ward review, including the “safer nursing care tool” (SNCT) and the professional judgement model, as recommended by NICE (2014). The safer nursing care (SNCT-patient acuity tool) data has been collected Monday – Sunday for a three week period during April 2019 by the ward manager / designated nurse in charge. The data was collected for 21 days consecutively as activity can vary at weekends. The exception here is Horsley ITU and HDU as they utilise the Intensive Care Society (ICS) guidance. The data collation was overseen by the Matrons to ensure consistency.

The funded establishments were compared to actual establishments and this information was compared against nurse sensitive indicators. Nurse sensitive indicators include patient falls, infection rates, pressure ulcers, incidents, complaints, sickness, appraisal KPIs, staff turnover and medication errors. These were reviewed to determine whether there were any concerns in any of the specific ward areas. No evidence was found that highlighted concerns. Previous reports to the Trust Board have described each element of the methodology in detail and it was agreed at a previous review this was not repeated in future reports. NHSI have suggested that planned verus actual staffing levels is no longer required but we have decided as a trust we will continue ti undertake this as we fell it provides better assurance than CHPPD and other trusts have also decided to continue with this.

1. **Benchmarking**

In order to ensure that The Walton Centre are comparable with other neuroscience services across the UK, benchmarking data has been acquired, comparing registered nurses (RN) to patient ratios. Due to the acute specialty and acuity of the patients within Neurosciences across all areas, the ratios are better than the NICE guidance of 1 RN to 8 patients.

It should be noted that whilst 1:8 ratio is recognised by NICE, there are various concerns within the nursing arena that do not feel this can be aligned to all groups of patients as often a nurse to patient ratio needs to be lower due to patients requiring closer monitoring. A further benchmarking exercise will be undertaken in November 2019.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wards and specialty****(May 2019 Benchmarking)** | **WCFT ratio** | **Trust** **1 ratio**  | **Trust** **2 ratio** | **Trust** **3 ratio** |
| Cairns:neurosurgery (hydrocephalus and neuro oncology) | 1:6 | 1:5 | 1:6 | N/A |
| Caton: neurosurgery (spinal and spinal trauma) | 1:6 | 1:5 | 1:6 | N/A |
| Chavasse: neurology (complex neurological conditions and telemetry) | 1:5 | 1:4 | N/A | N/A |
| CRU: complex rehabilitation unit | 1:7 | N/A | 1:4 | 1:6 |
| Dott: neurosurgery (vascular) | 1:6 | 1:5 | 1:6 | N/A |
| Lipton:Hyper acute rehabilitation | 1:3 | N/A | 1:4 | N/A |
| Sherrington:Neurosurgery (cranial trauma and spinal) | 1:6 | 1:5 | 1:6 | N/A |

Whilst CRU has a ratio of 1:7 and this is higher than the other 2 Trusts, they do have a higher percentage of healthcare assistants in their area due to the highly complex needs of the patients. This has been discussed at ward and Divisional Risk and Governance level to confirm the appropriateness and further work is underway to confirm this. Adequate staffing numbers are required in order to provide a safe environment for the increasing number of high risk patients being admitted with several requiring 1-1 supervision. This allows the registered nurses to concentrate on the more acute aspects of care delivery in this area. Lipton ward has a higher ratio of RNs to patients due to the complex nature of the patients as many can be stepped down from Horsley ITU.

1. **Care Hours Per patient Day (CHPPD)**

As highlighted in the previous staffing report, care hours per patient day originated from guidance put forwards by the Carter review and NICE guidance to enable Trusts to have comparable data for staffing. CHPPD highlights both the staff required and actual in relation to the number of patients in the ward. This is calculated by adding the hours of RN to the hours of a HCA and dividing the total by 24 hours of every in-patient stay in the hospital. Comparisons of CHPPD data highlight wide variations from Trust to Trust, hence at WCFT the use of benchmarking data is also utilised. The Trust average of CHPPD from November 2018 to April 2019 is 13.06 (overall for RN and HCA staff) which is as expected. This data is captured monthly and reported to Trust Board and displayed to the public on the WCFT website.

**7. Results**

Overview compliance status of areas, following reviews of SNCT, professional judgement and indicators:

**Cairns ward** *Compliant*

***Caton ward*** *Compliant*

***CRU***  *Compliant*

***Dott ward*** *Compliant*

***Horsley ITU / HDU*** *Compliant*

***Jefferson ward*** *Compliant*

***Lipton ward*** *Compliant*

***Sherrington ward*** *Compliant*

***Theatres*** *Compliant*

This confirms compliance with safe staffing across the Trust. As part of the process in reviewing the compliance status of all wards, a triangulation process has been used to look at and themes for the wards regarding complaints, any harms to patients, incidents, FFT and the Nursing Assessment and Accreditation System (CARES) assessments for all of the areas are currently being undertaken.

**8. Quality & Safety**

Each division is working to ensure safe staffing for every area on a shift by shift basis. The Matrons and Ward Managers work closely to ensure effective and efficient strategic monitoring and management of staffing with the principle aim to promote patient safety and optimise patient and staff experience.

Following the safety huddle an additional daily meeting is held to review safe staffing. All ward areas are reviewed and assessed to understand the staffing levels required for the shift and also reviewing the amount of patients who require an enhanced level of care. As part of this, the team also review ward capacity and acuity, to see if wards can be closed and also if staff can be redeployed to other areas to support with delivering safe patient care.

**9. Challenges and Risks**

**Registered Nurse Recruitment**: This has been a challenge for the Trust and this is a recognised national issue across the UK. There are currently just fewer than 19,000 vacancies in Cheshire and Merseyside and a third of the staff in post are over 50 years of age. The senior nursing team is currently undertaking a piece of work around age profiling of our staff and planning for the future, looking at retire and return initiatives. However The Walton Centre have lower vacancies than other trusts.

In addition, there has been lots of publicity regarding the future of the NHS and negativity regarding the Nursing profession and how the role is tougher than ever, with a lack of financial support during training and the agency cap for registered nurses. Health Education England are reviewing how these messages are impacting on nurse recruitment and what actions need to be taken nationally. In recent months a national campaign has been launched to recruit more nursing staff.

As a consequence there are several actions that have been undertaken at WCFT to ensure that effective and timely recruitment is occurring. The Trust have reviewed their approach to recruitment of registered nursing staff, recruiting corporately rather than by ward to ensure that time is saved for ward managers and the HR recruitment team.

The Trust have organised recruitment open days with the ability to meet the nursing teams, have a tour of the hospital and be interviewed on the day; attended local and national recruitment fairs; attended university events and advertised locally and across social media. WCFT have also introduced a rotational programme to allow nurses the opportunity of moving between wards every 6 months. At present we have 7 RNs on the wards rotation. This provides the nurses with enhanced knowledge and skills whilst also enhancing the team working between areas and the ability to cross cover short termed sickness in a safe manner. Following feedback from the rotation we have also offered internal staff rotation opportunities. We are also considering looking at rotations between other specialist trusts.

The Trust has several initiatives in place to increase recruitment to the Trust, including return to practice (RTP) and trainee nurse associates (TNA). RTP allows for experienced registered nurses to return to the NHS who have allowed their PIN numbers to lapse. Such nurses attend a university course whilst also undertaking practical skills and care delivery within the hospital. We currently have 1 return to practice nurse on CRU.

TNA is an initiative to increase the skills and knowledge of staff enabling them to work at a band 4 position whilst enhancing the workforce. The Trust has 4 TNAs that completed their training course in April 2019 and are now in post as Nursing Associates the role has proved very successful. The Trust have now funded a further 4 places with Edge Hill University who commenced in September 2018. The WCFT would have a preference for band 5 Registered Nurses but due to the shortage in recruitment the (TNA) will replace these roles. If in the future if we can recruit more band 5 nurses we will undertake this method of recruitment.

**Nursing retention**:

The process for exit interviews is currently under review with HR and the freedom to speak up guardian to support staff and have an understanding of why staff are leaving the Trust and understand what we can do to support and encourage staff to stay.

Work has been undertaken with the new starters to ensure they have been provided with enough support and have settled in their areas; meetings have been held on CRU where all staff were invited to attend and this was a successful session. The Deputy Director of Nursing and Governance has also attended the preceptorship days to meet staff and listen to their experience at The Walton Centre and will continue to do this on future preceptorship days.

The Trust are also encouraging retire and return programmes to support staff who want to reduce their hours and work in different areas throughout the Trust.

The Trust has recently introduced the resilience shiny minds app which will support staff to remain resilient, reduce sickness and reduce stress at all times of the day. Messages of positivity have been shared through the app between staff members.

1. **Complex Rehabilitation Unit**

The British Society of Rehabilitation Medicine (BSRM) provides guidelines on minimum staffing provision for specialist in-patient rehabilitation services. The guidance recommends a minimum 45% ratio of RN staff to 55% ratio Health Care Assistants (HCAs). With the additional posts invested from the nursing pool, CRU currently has a 43% ratio of RN staff to 57% ratio HCAs. The BSRM notes that specialised services such as CRU whom care for patients with highly complex needs require sufficient staffing levels to provide a safe environment for such high risk patients whom often require 1-1 supervision. The single side room layout of the ward creates a huge challenge to maintain patient safety with such a complex patient cohort. The unit has recently submitted a proposal for a video surveillance system to be installed to support monitoring of patients requiring increased levels of observation (level 2 and 3). This was approved and will reduce waiting times for admission and enhance throughput of patients through the Cheshire and Merseyside rehabilitation network. Whilst allowing us to monitor patient safety without a significant increase in staff resources. Patient numbers requiring level 4 observation (nurse within arms length) has proven to be consistently high therefore we are reviewing our existing establishment to ensure we can support maximum numbers safely.

In April 2019 a new Ward Manager commenced in post whom has previous experience of working on the CRU. All RN posts have now been successfully recruited to; with some pending starting in September 2019 on qualifying. We have reviewed ward establishments and identified a need for a senior nurse on each shift so have re-configured the establishment to achieve this.

Due to previous numerous significant concerns being raised in recent years on CRU a Trust CRU action plan was developed which is regularly updated. Regular reports and updates have been provided to Trust Quality Committee on proposed and completed progress.

**Turn Over for CRU**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **3.53%** | **1.96%** | **0** | **1.11%** | **5.77%** | **1.93%** | **3.57%** | **1.79%** | **5.64%** | **1.82%** | **3.77%** | **2.06%** |

**Quality Indicators for CRU (November 2018 - April 2019)**

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| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 17 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team. Checks by matrons and pharmacy are undertaken, monitoring is also undertaken in the safer medications group and D&T Group. There are no themes. |
| Low harm FallsModerate harm falls | 270 | Falls are monitored via the falls group and on a daily basis in the staffing meeting. Patients receive enhanced levels of care if required. There is a theme with the low harm falls and theses falls appear to be happening in bathrooms whilst patients are washing. Estates are working with the SNT to fit shelving in the bathrooms for patients to put their toiletries.  |
| Pressure ulcers | 0 |  |
| Complaints | 1 |  Complaint was regarding overall nursing care, this was investigated with lessons learnt and an action plan for improvement. |

**Safe Staffing**

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| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **58.23** | **56.88** | **36.0** |

**ITU (Horsley)**

ITU is a speciality service that is essential to the Trust for the delivery of the core services. In critical care we provide complex clinical care for level 2 and level 3 patients. In total we have 16 level 3 beds and 4 level

2 beds. Level 3 patients require 1:1 nursing care, while level 2 patients can be provided care on a 2:1 ratio. However, increased screening and development of multi drug resistant organisms, has seen an increase in the need of side rooms, which can be required by a level 2 patient but still require 1:1 nursing ratio. 1:1 nursing may also be required to safely meet the needs of a level 2 patient who has increased monitoring needs or delirium.

A Matron has also been recruited to support ITU to support the standardisation of practice across theatres and ITU alongside the lead nurse. This is working extremely well, across both areas. We have had a period of increased sickness on ITU, over the winter months and additional bank was booked to support this.

**Turn Over ITU Horsley**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **2.26%** | **1.51%** | **0** | **0** | **0** | **1.48%** | **0** | **2.28%** | **0** | **2.94%** | **0** | **1.82%** |

**Quality Indicators ITU Horsley (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 30 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team. Checks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group. There are no themes. |
| Falls | 0 |  |
| Pressure ulcers | 0 |  |
| Complaints | 1 | Complaint was regarding overall nursing care this has been fully investigated. |

1. **Theatres**

There are 6 operational theatres within the department for elective lists, 1 emergency theatre running 24/7, and 1 fallow theatre. Each theatre (in hours), is staffed by a HCA, 2 scrub staff and an ODP, the co-ordination is overseen on a daily basis by a super numerary co-ordinator. The recovery area has 9 ‘bed areas’ and is staffed on a 1:1 basis with a super numerary co-ordinator. Out of hours team consists of 1 HCA, 1 Scrub nurse, 1 ODP, 1 anaesthetist, 1 surgeon – with access to the SMART team if there are life threatening concurrent emergencies. Within the establishment we facilitate two late lists past 6pm and for a planned overrun on a three session day there is an on call agreement for scrub and ODP.

The Trust invested in an over establishment within theatres, acknowledging the requirement of scrub and ODP staff to facilitate running of an effective theatre schedule.

With the same day admission patients we have a same day admission unit which is staffed by a HCA – this enables the flow of patients and has facilitated increased utilisation of ward beds. The forward wait is also staffed by HCAs, which is an 8 bay area for patients waiting to go into the anaesthetic room.

The management structure for both theatres and ITU, has now changed to have 1 Lead Nurse who manages both areas. This has enabled the Trust to stream line services and support the teams in working together. The Divisional Nurse Director is also working closely within the AFPP(Association of Peri-Operative Practice) guidelines to ensure staffing remains safe between both areas.

A new role has been introduced in theatres in February 2019, the Surgical Theatre Assist role, the role assists the medical staff in theatres no additional funding has been given for these roles the competencies and training has been undertaken for the band 7 and band 6 roles in theatre. The governance processes around this role have been monitored via the Theatre User Group and feed into Divisional Governance.

**Turn Over for Theatres**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **0** | **0.99%** | **1.1%** | **0** | **1.08%** | **1.07%** | **0** | **1.06%** | **0.39%** | **1.06%** | **0** | **3.01%** |

1. **Overview of the wards**

**Jefferson Ward**

Jefferson ward is located next to the Theatre complex to allow for patients to be transferred for their surgery in a seamless manner. The team work alongside the Theatre surgical and recovery teams to ensure patient safety and experience is maximised. Patient care is supported in this area by Advanced Practitioners who provide hands on care and education to patients and staff alike. Since same day admission was commenced, Jefferson ward staff have adapted their hours to suit the newer requirements of the ward to support same day patients and processes whilst maintaining their day surgery activity successfully.

Jefferson ward successfully recruited a new Ward Manager and are currently out to advert for their vacant Advanced Practitioner position.

There have been no quality indicators on Jefferson in the last 6 months.

**Turn Over for Jefferson**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **0** | **8.69%** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

**Sherrington Ward**

**Quality Indicators (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 8 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team.Checks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group. There are no themes. |
| Low harm FallsModerate harm falls | 221 | Falls are monitored via the falls group and on a daily basis in the staffing meeting, patient receive enhanced levels of care if required. Bathrooms are currently under review.Fractured neck of femur full RCA undertaken |
| Pressure ulcers category 2 and above | 1 | Full RCA undertaken with lessons learnt and an action plan presented to both governance and PNF |
| Complaints | 1 | The complaint was regarding communication of staff to patient and family |

**Turn Over for Sherrington Ward**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **0** | **0** | **0** | **0** | **0** | **5.01%** | **0** | **0** | **2.45%** | **2.46%** | **5.34%** | **0** |

**Safe Staffing**

|  |  |  |
| --- | --- | --- |
| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **42.23** | **34.44** | **30.3** |

**Caton Ward**

**Quality Indicators (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 25 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team.Checks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group.  |
| Low harm FallsModerate harm falls | 180 | Falls are monitored via the falls group and on a daily basis in the staffing meeting, patient receive enhanced levels of care if required. Work is being undertaken in the bathrooms.  |
| Pressure ulcers category 2 and above | 0 |  |
| Complaints | 1 | Complaint was regarding a delay in medication being given to patient, this has been fully investigated.  |

**Turn Over for Caton Ward**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **4.54%** | **2.81%** | **2.79%** | **7.98%** | **1.67%** | **2.71%** | **2.73%** | **0** | **2.56%** | **0** | **0** | **4.10%** |

**Safe Staffing**

|  |  |  |
| --- | --- | --- |
| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **39.72** | **34.56** | **30.3** |

**Cairns Ward**

**Quality Indicators (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 8 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team. There are no themeseChecks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group.  |
| Low harm FallsModerate harm falls | 161 | Falls are monitored via the falls group and on a daily basis in the staffing meeting, patient receive enhanced levels of care if required. Work is currently being undertaken in bathrooms.Fractured neck of femur full RCA undertaken |
| Pressure ulcers category 2 and above | 1 | Full RCA undertaken with lessons learnt and an action plan presented to both governance and PNF |
| Complaints | 1 | Patient was discharged with an infection this has been fully investigated |

**Turn Over for Cairns Ward**

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| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **2.41%** | **2.82%** | **2.81%** | **0** | **0** | **0** | **0** | **0** | **4.50%** | **4.12%** | **3.04%** | **1.67%** |

**Safe Staffing**

|  |  |  |
| --- | --- | --- |
| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **41.22** | **34.98** | **30.3** |

**Dott Ward**

**Quality Indicators (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 23 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team. There are no themes.Checks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group.  |
| Low harm FallsModerate harm falls | 120 | Falls are monitored via the falls group and on a daily basis in the staffing meeting, patient receive enhanced levels of care if required. Bathrooms are currently under review. |
| Pressure ulcers category 2 and above | 0 |  |
| Complaints | 4 | 1. Discharge arrangements
2. Overall nursing care privacy and dignity
3. Lack of aftercare, nurses attitude
4. Medication issues

All complaints have been investigated.  |

**Safe Staffing**

|  |  |  |
| --- | --- | --- |
| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **39.11** | **33.26** | **30.3** |

**Turn Over for Dott Ward**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **0** | **3.44%** | **0** | **2.97%** | **0** | **5.41%** | **4.07%** | **0** | **2.91%** | **3.49%** | **0** | **5.21%** |

**Chavasse**

**Quality Indicators (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 10 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team. There are no themes.Checks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group.  |
| Low harm FallsModerate harm falls | 110 | Falls are monitored via the falls group and on a daily basis in the staffing meeting, patient receive enhanced levels of care if required. Bathrooms are currently under review. |
| Pressure ulcers category 2 and above | 0 |  |
| Complaints | 1 | Attitude of the nursing staff this has been fully investigated. |

**Turn Over for Chavasse**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **3.18%** | **2.00%** | **0** | **1.86%** | **0** | **0** | **0** | **0** | **1.56%** | **0** | **0** | **1.98%** |

**Safe Staffing**

|  |  |  |
| --- | --- | --- |
| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **57.76** | **36.57****Important to note that Chavasse were closed for 5 days during this reporting period** | **35.7** |

**Lipton**

**Quality Indicators (November 2018-April 2019)**

|  |  |  |
| --- | --- | --- |
|  | Number | Action |
| Medication Errors: | 10 | A daily audit is undertaken for missed doses of medications and shared with the senior nursing team. There are no themes.Checks by matrons and pharmacy are undertakenMonitoring is undertaken in the safer medications group and D&T Group.  |
| Low harm FallsModerate harm falls | 90 | Falls are monitored via the falls group and on a daily basis in the staffing meeting, patient receive enhanced levels of care if required. |
| Pressure ulcers category 2 and above | 0 |  |
| Complaints | 0 |  |

**Turn Over for Lipton**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **04/18** | **05/18** | **06/18** | **07/18** | **08/18** | **09/18** | **10/18** | **11/18** | **12/18** | **01/19** | **02/19** | **03/19** |
| **0** | **6.12%** | **0** | **0** | **4.12%** | **0** | **0** | **0** | **0** | **0** | **0** | **3.67%** |

**Safe Staffing**

|  |  |  |
| --- | --- | --- |
| **Establishment** | **AUKUH Nursing Tool** | **Professional Judgement**  |
| **31.76** | **24.34** | **24.7** |

**Infection Rates for all clinical areas**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical Area** | **C Diff** | **CPE** | **E Coli** | **MSSA** | **MRSA** |
| **Sherrington** | **1** | **0** | **0** | **1** | **0** |
| **Caton** | **0** | **1** | **2** | **1** | **0** |
| **Cairns** | **0** | **0** | **2** | **0** | **0** |
| **Dott** | **0** | **1** | **1** | **0** | **0** |
| **Chavasse** | **0** | **0** | **0** | **1** | **0** |
| **Lipton** | **0** | **0** | **0** | **0** | **0** |
| **CRU** | **0** | **0** | **0** | **0** | **0** |
| **H/ITU** | **1** | **1** | **0** | **2** | **0** |

1. **Uplift**

The uplift of establishments is set at 21% RN and 19% HCA to ensure that staffing is appropriate and financially viable. The uplift whilst lower than the national average, accounts for the higher dependency on newly qualified staff who do not have the additional leave (week) that staff who have worked for the NHS longer are entitled to, training requirements of each staff groups, as well as other leave arrangements.

Actions have been taken to improve fill rate of shifts with NHSP and the nurse bank has successfully been implemented across the Trust. This has been really positive and from September 2018 we have seen a reduction in agency and an increase in bank which was the pattern we wanted to see. The teams are currently reviewing how bank staff are requested to ensure that appropriate decision making is in place and staffing is safe. As part of this review overtime will be stopped, and a further review of pay rates will be undertaken.

1. **Revalidation**

The implementation of the revalidation process by the Nursing and Midwifery Council in April 2016 has been supported within WCFT by a revalidation administration support who has worked with registered nurses Trust-wide to ensure that all revalidation requirements have been fulfilled. The Nursing Quality Lead also supports with the revalidation process. This has resulted in every RN revalidating and ensuring that all RNs could re-register and no PIN numbers have lapsed. All staff have been supported throughout this process.

A decision has been made by the Director of Nursing and Governance that we will bring together the revalidation and the triennial review dates together as this will make it easier for staff undertaking these reviews.

1. **Staffing Each Shift**

Staffing has been reviewed by the senior nursing team alongside the finance team. Staffing has been altered and improved due to staff wanting to work long days which has allowed extra staffing on some shifts whilst being cost-neutral.

Meetings were held in November 2018 with the budget holders, the Director of Nursing and Governance and the Deputy Director of Finance to work closely with the Ward Managers and ensure they are managing their budgets effectively.

1. **Conclusion & Recommendations**

Trust Board are asked to :

* Be assured that staffing is safe
* Receive chair’s report related to Quality Committee in relation to staffing on CRU
* Receive the next 6-monthly staffing report in November 2019, unless further changes require reporting.

**Appendix 1 Ward Nurse Staffing Shift Patterns – May 2019**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Beds** | **Early** | **Late** | **Night** | **RN to patient ratio (days)** |
|  |  |  |  |  |  |
| Cairns | 26 | 4RN\* and 3 HCA | 4RN and 3 HCA | 3RN and 3 HCA(1 extra HCA) | 1:6 |
| Caton | 25 | 4RN\* and 3 HCA | 4RN and 3 HCA | 3RN and 3 HCA | 1:6 |
| Dott | 27 | 4RN\* and 3 HCA | 4RN and 3 HCA | 3RN and 3 HCA | 1:6 |
| Sherrington | 25 | 4RN\* and 3 HCA | 4RN and 3 HCA | 3RN and 3 HCA | 1:6 |
| Lipton | 10 | 3RN\* and 2 HCA | 3RN and 2 HCA | 2RN and 2 HCA | 1:3 |
| Chavasse | 29 | 6RN\* and 5 HCA(1 extra HCA) | 5RN and 5 HCA(1 extra HCA) | 4RN and 4 HCA | 1:5 |
| CRU | 30 | 4RN\* and 6 HCA(1 extra HCA) | 4RN and 6 HCA(1 extra HCA) | 4RN and 5HCA (1 extra RN) | 1:7 |

\* Ward Manager not included in establishments as they have supervisory status.