

BOARD OF DIRECTORS	
Agenda Item	5.2
Title of Report	Hard Truths Commitment: Publishing of Staffing Data: 6 Monthly Update Report (April – September) including bi-monthly staffing report for July and August 2017.
Date of Meeting	27 September 2017
Author	Clare Pratt, Deputy Director of Nursing Johanna Ashworth-Jones, Senior Analyst Tracey Lewis, Head Workforce Transformation
Accountable Executive	Denise Price, Interim Director of Nursing and Midwifery
BAF References • Strategic Objective • Key Measure • Principal Risk	Risk Reference: 1, 2 and 3
Level of Assurance	<p>Positive</p> <ul style="list-style-type: none"> The Trust continues to meet the requirements of The “Hard Truths Commitment” A range of mechanisms have been utilised to ensure a safe nurse staffing establishment is in place, along with the recent staffing acuity and dependency review. Introduction of Specialty reporting of staffing fill rates and Care Hours Per patient Day (CHPPD) allows for easier comparison of staffing data Associate Director of Nursing (ADN) provides assurance and oversight that mitigating actions are taken, to address staffing shortfalls <p>Gaps</p> <ul style="list-style-type: none"> There has been an increase in staff reported incidents relating to staffing levels, mostly in respect of staff moves.
Purpose of the Paper	For information and discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment	N/A

1. Executive Summary

This paper provides the 6 monthly update on progress within the Trust to meet the requirements of 'Hard Truths: The Journey to Putting Patients First; Expectations, Accountability and Responsibility'.

The report also provides the Board of Directors with information on Registered Nurse / Midwives and Clinical Support Workers staffing data specifically for July to August 2017, including vacancy rates and staffing related incidents. The report also includes the details of the Trust's monthly submission of Care Hours per Patient Day (CHPPD).

Key points of note:

- The Trust continues to meet the requirements of The "Hard Truths Commitment";
- A range of mechanisms have been utilised to ensure a safe nurse staffing establishment is in place, with a dependency and acuity review completed across a third of the inpatient areas during April/May 2017;
- There are emerging concerns in relation to staff moves and the potential impact on leaver figures. A deep dive exercise involving HR and Corporate Nursing is planned. to understand and act on any emerging themes.
- The Trust has robust mechanisms to continue to report its Safe Staffing Data openly across the Trust and to report this locally and nationally. Informal discussions regards safe staffing levels happen continually through the week, in response to operational demands, between Ward Managers, Matrons and the ADN's.
- Alongside robust recruitment strategies, we need a clear focus on retention of staff through the use of meaningful pre-exit interviews.
- Divisions have been proactive in piloting new workforce solutions. These must be evaluated and rolled out as part of a Trust wide Workforce Strategy.
- There is a continued trend towards an increasing nursing vacancy rates. The Trust must ensure that it is fully engaged with regional work led by the Cheshire and Mersey Director of Nursing forum, in respect of wider recruitment campaigns and workforce development, of which overseas recruitment is part.

2. Background

The National Quality Board issued guidance in November 2013, 'How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability'. This report details the progress and emerging risks in meeting these requirements.

Expectation	Progress
Recommendation 1 The Board of Directors has responsibility for the quality of care provided to patients and as a key determinant of quality takes full and collective responsibility for nursing, midwifery and care staffing capacity and capability	<ul style="list-style-type: none">• The Director of Nursing and Midwifery is provided with information on staffing capacity and capability on a monthly basis by the Associate Directors of Nursing. This information is collated and presented to the Board of Directors on a bi-monthly basis.

<p>Recommendation 2</p> <p>Processes are in place to enable staffing establishments to be met on a shift-to-shift basis</p>	<ul style="list-style-type: none"> • The Trust continues to work on a minimum requirement of 1 Registered Nurse (RN) to 8 patients during the day and 1 RN to 11 patients at night as per funded establishments; • The nurse staffing escalation guide has been circulated to all ward sisters / charge nurses and hospital clinical coordinators. This provides guidance and supports decision making if concerns are raised with regard to staffing; • Daily staffing meetings are held, (chaired by the ADNs) to determine whether or not planned staffing requirements are met. These meetings are attended by Ward Sisters and Matrons and a cross organisational review and realignment of staff takes place for the following 24 hrs. or the weekend period; • Staffing plan with agreed potential moves is prepared for out of hour's periods; • Close workings with NHS Professionals (NHSP) to ensure improvement in fill rates for temporary staffing is ongoing; • The Trust is currently exploring the implementation of an IT interface between NHSP and roster which will allow for contemporaneous review of staffing and NHSP fill rates.
<p>Recommendation 3</p> <p>Evidence based tools are used to inform nursing, midwifery and care staffing and capability</p>	<ul style="list-style-type: none"> • A Dependency and Acuity (Patient Dependency / Acuity Specialty Specific Tool TM) audit was undertaken in all inpatient areas over a consecutive 21 day period during April/May 2017 and the Board of Directors has received this as an adjacent report; • The Emergency Department staffing is reviewed in line with the 'British Emergency Department Staffing Tool' Assessment (BEST) and draft NICE guidance for Emergency Department Nurse staffing published in January 2015. A review was planned to take place in Quarter 1 2017 however the tool has not yet been released. This has been placed on the Divisional Risk Register and will be completed in Quarter 3 when release of the Tool is anticipated; • Critical Care Unit adheres to Cheshire and Merseyside Critical Care Network (CMCCN) service specification guidance. The Critical Care Network specification meeting has recently taken place, where several staffing and activity parameters were benchmarked. The Trust currently uses, and is compliant with, RCN Guidance on staffing; • Neonatal Unit utilise British Association of Perinatal Medicine (BAPM) standards to inform staffing levels. BAPM levels continue to be monitored on a shift basis. This remains a challenge, particularly as there has been demand for the unit to be over occupied on a regular basis. Staffing is supported through additional hours, bank and agency where possible. There is on-going work to review the possibility of integrating the maternity unit transitional care team with the neonatal team to increase flexibility of the workforce and also progress the functionality of transitional care. This will be assessed as part of a transition plan/proposal.

<p>Recommendation 4 Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns</p>	<ul style="list-style-type: none"> • At the monthly Strategic Nursing and Midwifery Team meeting, the Director of Nursing and Midwifery, Deputy Director of Nursing and the Associate Directors of Nursing review the staffing incidents report for the previous month and feedback actions taken within the Divisions; • Three incidents of whistleblowing regarding safe staffing have been reported to the CQC in Q1 and Q2. All have been investigated and assurance given regarding safe staffing levels and practices; • Freedom to Speak Up Staff Guardian numbers have been increased to allow for greater visibility across the wards and department. Key themes that have been noted in Q1 and Q2 are in relation to staff moves and low morale caused by poor communication in relation to these moves. This may be contributing to the trend in increased number of leavers in recent months, to be determined through work around pre-exit interviews.
<p>Recommendation 5 A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments</p>	<ul style="list-style-type: none"> • Nurse staffing levels are set and monitored through the Clinical Divisions and Senior Nursing Team. Information on safe staffing is made available to the Board of Directors and an annual review programme has been commenced.
<p>Recommendation 6 Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties</p>	<ul style="list-style-type: none"> • The Trust has a robust process for recording and reporting Care Hours per Patient Day (CHPPD). The Board of Directors receives a bi-monthly report containing key themes from a comparison of data of CHPPD across all wards and specialties as well as regional and national comparison data. This information demonstrates that WUTH staffing is in line with peer organisations; • An upward trend in incident reporting in relation to safe staffing levels has been noted. Analysis of reported incidents indicates that the majority of reports relate to staff moves rather than patient related “red flag” (patients not receiving the fundamentals of care) events. The Nurse Sensitive Indicators do not demonstrate any increase in patient harms during the report time frame; • In 2014 Ward Managers were afforded Supervisory status and as such are not included in funded establishment. A recent audit demonstrated that no Ward Managers have maintained supervisory status for 100% of shifts with the majority only achieving supervisory status between 20%-50% of the time. This has impacted on their ability to fulfill their leadership and quality assurance role; • Matrons are increasingly involved in managing operational patient flow on a daily basis.

<p>Recommendation 7 Boards receive monthly updates on workforce information and staffing capacity. Capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review</p>	<ul style="list-style-type: none"> • Monthly safe staffing data is collected and reported each month on the Trust internet; • Monthly staffing reports include information on vacancies and number of occurrences of patient harm during the month; • The Board of Directors receives formal bi-monthly reports • Monthly workforce information presented as part of integrated Board Dashboard.
<p>Recommendation 8 NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift</p>	<ul style="list-style-type: none"> • Daily nurse staffing data is displayed outside each ward. This process is audited via Matron audits and Care Quality Inspections (CQI) to ensure compliance; • Monthly staffing data is displayed on ward viswalls.
<p>Recommendation 9 Providers of NHS services take an active role in securing staff in line with their workforce requirements</p>	<ul style="list-style-type: none"> • The workforce forward plan is completed annually with full stakeholder involvement; • The Workforce and Organisational Strategy is performance managed on a quarterly basis through workforce and communications group – Board Level support; • Recruitment strategies are in place. Nurse vacancy rate is 8% compared to a National average of 15%; • A review of Retention Strategies is required to ensure they are fit for purpose; • WUTH is working with local Higher Education Institutes (HEIs) to secure future clinical workforce requirements through participation in the Nursing Associate Pilot, apprentice pathways, hybrid Care Support Worker/Therapist apprentice and pharmacy technician presence to support safe medicines administration.
<p>Recommendation 10 Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract</p>	<ul style="list-style-type: none"> • A copy of this six monthly staffing report is presented to the Wirral Clinical Commissioning Quality and Risk meeting for information and progress

3. Recruitment Strategy

A key priority for the Trust is to ensure appropriate nurse staffing levels are established and maintained. The previous investments in nurse staffing, as well as a robust recruitment plan, has ensured that the Trust has had a stable nursing and midwifery workforce. In view of the national issues surrounding nurse recruitment, the organisation has endeavoured to be more creative around supporting nurse's personal development at ward level through the facilitation of planned rotational posts.

There has been a pilot programme developed for pharmacy technicians to be trained to safely administer medications to patients, this will allow the ward nurse to deliver safe, high quality care. This pilot was developed in view of the increased incidents surrounding medication administration and, following evaluation will be rolled out across other areas.

Nationally nurse vacancy rates have almost doubled in just three years from 6% in 2013 to 11.1% in 2016; and nearly a quarter of NHS trusts have a vacancy rate for registered nurses of over 15%, compared to a 2.7% vacancy rate across all job sectors. In addition NHS training bursaries have stopped, nurses are now required to apply for a £9,000 per annum student loan to cover their tuition fees, which has resulted in applications by students in England to nursing and midwifery courses at British universities falling by 23%. Evidence is growing nationally of direct recruitment of students to Trust employment, for the term of the 3 year programme and a period beyond. This helps offset the longer term attrition rates of student nurses and the overall bank/agency bill over a 3 year foot print.

The total Trust vacancy rate for the registered nursing and midwifery workforce continues to rise, July 2017 - 6.97 % (106.68 WTE) which increased in August 2017 to 8.01 % (122.51 WTE). Our vacancy rate remains significantly better than the national average of 15% however additional strategies are needed to improve the vacancy rate and leaver rate, the latter outstripping the pace of recruitment. To mitigate the above HR/OD have restructured their team to ensure dedicated time and expertise available to develop and implementation of comprehensive workforce plan.

As reported in previous months the majority of vacancies occur in the Medical and Acute Division, data for Band 5 posts identified a vacancy rate of 12.5% in July 2017 and 14% in August 2017 which equates to 84 WTE and 95 WTE vacancies respectively (drawn from the Trust's electronic staff records).

Medicine and Acute Division continue to look at innovative ways to review the ward establishment and implement a variety of support roles across Band 3 and 4. They have recently implemented a rotational post for Critical and High Dependency areas and are currently considering a similar rotational post between ED and Acute Assessment Areas.

3.1 Nursing Associates

The 6 trainee Nursing Associates (Jan 17 cohort) are progressing through their 2 year programme.

The Nursing and Midwifery Council has informed us this month that legislation to enable the regulation of this new nursing associate role will be delayed until November 2017. The next cohort is planned for January 2018 and the divisions are discussing how many trainee posts they can support.

.A project plan had been agreed that facilitates monthly recruitment events locally, across all nursing and midwifery groups.

3.2 EU Recruitment Programme

The Trust has commenced phase 2 of its International recruitment programme with Placement Group, there is evidence that 69% of UK Trusts are actively recruiting for nurses overseas.

Brexit and the Internal English Language test (IELTS) requirements have led to a 96% drop in EU nursing applications to the NMC and this has had an impact on the Trust's ability to secure this group of staff.

The table below highlights current EU recruitment activity;

Recruitment Events 2017	Offered Posts at WUTH	Placement Areas	Commenced in Post	Comments
10-12 May	10	Priority Medicine	2 - started in August ward 11 & 25	Meeting with Placement Group 8/9/17 to improve the timeline from recruitment to starting.
5-6 th July	9		Planned October	

			2017	
20 th July	6		Awaiting confirmation.	
Sept TBC				A/w confirmation from agency following meeting 8/9/17

4. Temporary Staffing

The 2016/17 annual review of the NHSP contract/service provision has demonstrated a productive and collaborative partnership with key highlights relating to the nursing workforce of;

- External agency decreased by 15%
- Bank fill rate increased by 11%
- Nursing and Midwifery represent the highest number of new starters on NHSP

National and regional benchmarking identified WUTH having the lowest nursing agency usage rate at 4.4% against a national average of 20.8% fill rate.

5. Care Hours Per Patient Day (CHPPD)

Since May 2016 the Trust has collected and reported Care Hours per Patient Day (CHPPD). Use of CHPPD hours to support the review of staffing levels.

As **CHPPD is based on a comparison of the actual staffing levels and ward activity** this is recognised as being a better reflection of staffing levels. It must be acknowledged that this data is still in its infancy, but provides a crude insight and general comparison.

The table below details the CHPPD for each ward March to August 2017 against their overall staffing fill rate. The tables have been categorised into Directorate specialties to help provide some specialty comparisons although it should be acknowledged that there are also sub specialties within these such as Ward 23 which is a specialist stroke service.

Data has been reviewed to provide an **“Average Range”** for each individual specialty. **This is calculated using the staffing establishment, any associated fill rate and the care hours required per patient day, during the previous 6 months, to calculate an average range for comparison. This is set nationally.**

Orthopaedics	CHPPD information	Indicators	March	April	May	June	July	August
Ward 10	Average: 6.6 Range 5.9-6.7	CHPPD	5.9	6.6	6.5	7.3	6.6	6.7
		Fill Rate	90%	93%	92%	94%	95%	91%
Ward 11	Average: 9 Range 8.4-9.7	CHPPD	9.4	9.7	9.3	8.9	8.4	8.4
		Fill Rate	99%	119%	113%	114%	101%	104%
Ward 12	Average: 8.9 Range 8 - 9.7	CHPPD	8	8.7	8.9	8.7	9.7	9.2
		Fill Rate	89%	81%	# 77%	# 79%	78%	101%
M2 Ortho (Previously M1)	Average: 11.4 Range 9.9 -12.5	CHPPD	11	11.2	12.3	11.4	12.5	9.9
		Fill Rate	82%	# 71%	83%	# 78%	81%	77%

M2 Orthopaedics has recently been reconfigured from Ward M1. Safe staffing was in place for the elective activity during August and CHPPD remains higher than the other orthopedic wards.

Acute Care	CHPPD information	Indicators	March	April	May	June	July	August
MSSW	Average: 6.4 Range 6.2-6.9	CHPPD	6.9	6.4	6.4	6.4	6.2	6.2
		Fill Rate	90%	85%	88%	85%	87%	84%
AMU	Average: 9.9 Range 9.3 -10.5	CHPPD	10.5	9.9	9.7	10.1	9.3	9.6
		Fill Rate	105%	100%	99%	101%	97%	103%
EDRU	Average: 9 Range 8.6-9.9	CHPPD	9.2	8.9	8.6	8.9	8.6	9.9
		Fill Rate	100%	105%	100%	103%	98%	103%
ITU	Average: 28 Range 26.8 -29.6	CHPPD	28.3	28.5	29.6	28.1	29.5	26.8
		Fill Rate	# 73%	# 64%	#66%	81%	81%	60%
HDU	Average: 22.3 Range 20.9-24.3	CHPPD	24.3	21.1	22.6	22.7	22.6	20.9
		Fill Rate	95%	91%	94%	91%	89%	87%

Although staffing fill rate for ITU is in red safe staffing for the acuity level of the patients was in place. The Associate Director Nursing (ADN) for Acute and Medical specialties has completed a full review and assurance is provided with details in this report within the staffing incident section.

Women's & Childrens	CHPPD information	Indicators	March	April	May	June	July	August
Children's	Average: 12.3 Range 10-17.2	CHPPD	10	11.4	10.9	11.4	13.1	17.2
		Fill Rate	103%	107%	105%	108%	98%	96%
Maternity	Average: 6.7 Range 5.2-10.9	CHPPD	10.9	6.8	5.2	5.2	5.4	6.6
		Fill Rate	98%	93%	98.50%	96%	93%	100%
Delivery Suite	Average: 34.7 Range 31.6-37.7	CHPPD	37.7	36.6	32	34.6	35.7	31.6
		Fill Rate	102%	101%	98%	99%	97%	95%
Ward 54	Average: 6.5 Range 4.7 - 7.5	CHPPD	4.7	7.5	6.9	7	6.6	6.3
		Fill Rate	97%	92%	89%	84%	94%	88%
Neonatal	Average: 13.3 Range 12 - 15.4	CHPPD	14.4	12.5	11.6	15.4	13.7	12
		Fill Rate	96%	99%	84%	82%	94%	96%

Surgical	CHPPD information	Indicators	March	April	May	June	July	August
Ward 17	Average: 6.1 Range 5.7 - 6.9	CHPPD	5.9	5.9	6.9	6	5.9	5.7
		Fill Rate	107%	106%	106%	96%	97%	91%
Ward 18	Average: 6.2 Range 5.8 -8	CHPPD	5.9	5.8	5.8	6.1	8	5.6
		Fill Rate	95%	94%	93%	94%	96%	93%
Ward 20	Average: 5.8 Range 5.4 - 7.1	CHPPD	5.7	5.6	5.7	7.1	5.4	5.5
		Fill Rate	98%	99%	99%	98%	95%	99%
ESAU	Average:12 Range 10.3-12.6	CHPPD	12.6	12.5	11.9	12.4	12.5	10.3
		Fill Rate	97%	99%	98%	97%	97%	95%
M2 Surgical	Average: 19.8 Range 8.4 - 31.8	CHPPD	16.1	21.2	23	18.4	8.4	31.8
		Fill Rate	95%	94%	100%	100%	100%	60%
Dermatology	Average: 9.3 Range -7.9-11.1	CHPPD	8.7	11.1	9.2	9.3	9.4	7.9
		Fill Rate	100%	100%	93%	100%	71%	83%

M2 Surgical has formed part of the M1 / M2 reconfiguration. M2 is now occupied by an M2 Orthopedic ward and M2 surgical, despite the drop in planned to actual staffing rates, safe staffing was in place.

DME / Rehab	CHPPD information	Indicators	March	April	May	June	July	August
Ward 21	Average: 6.1 Range 5.8 - 6.4	CHPPD	6.1	6.4	6.2	6.3	6.3	5.8
		Fill Rate	105%	104%	105%	107%	107%	99%
Ward 22	Average: 5.8 Range 5.6 - 6.3	CHPPD	5.6	5.6	6.3	5.6	5.6	6
		Fill Rate	99%	98%	99%	98%	99%	93%
Ward 23	Average: 7 Range 6.5 - 7.3	CHPPD	6.8	7.2	7.3	7.2	6.8	6.5
		Fill Rate	99%	105%	108%	103%	105%	100%
Ward 27 (Ward 24)	Average: 5.9 Range 5.5 - 6.2	CHPPD	5.8	5.9	5.5	6.2	6.1	6.1
		Fill Rate	91%	96%	92%	96%	102%	102%
M1 Rehab / M1MO (Previously M2 Rehab)	Average: 5.6 Range 5.2 - 6	CHPPD	5.7	4.9	5.3	5.1	5.2	7.9
		Fill Rate	97%	92%	93%	99%	104%	83%
CRC	Average: 6.2 Range 5.9 - 6.6	CHPPD	6.6	6.1	5.9	6	6.7	6
		Fill Rate	113%	98%	99%	99%	110%	97%

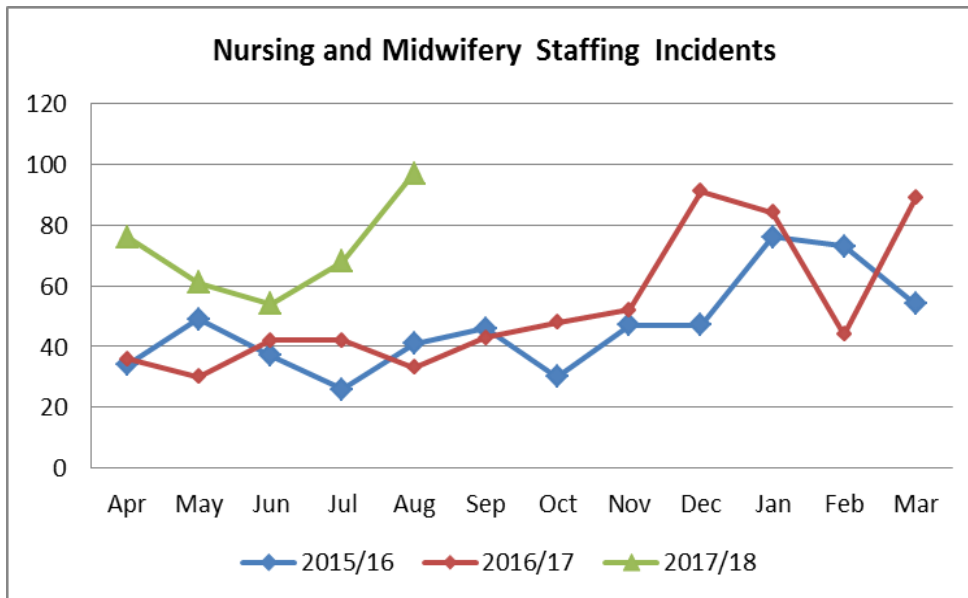
Medicine	CHPPD information	Indicators	March	April	May	June	July	August
Ward 26	Average: 6.3 Range 5.8 - 7.4	CHPPD	6.6	6.2	5.8	7.4	6.1	5.9
		Fill Rate	108%	96%	94%	103%	101%	97%
Ward 30	Average: 6.5 Range 6.2 - 6.6	CHPPD	6.6	6.3	6.5	6.8	6.2	6.4
		Fill Rate	97%	92%	97%	92%	88%	92%
Ward 32	Average: 6 Range 5.9 - 6.4	CHPPD	5.9	6	6	5.9	6.4	5.7
		Fill Rate	97%	95%	94%	94%	101%	91%
CCU	Average: 12.7 Range 12.1 - 13.9	CHPPD	12.6	12.1	13.9	13	12.1	12.7
		Fill Rate	95%	91%	92%	97%	95%	95%
Ward 33	Average: 6.3 Range 5.8 - 6.9	CHPPD	6.2	6.9	5.8	7.5	5.5	5.6
		Fill Rate	92%	97%	90%	94%	88%	87%
Ward 36	Average: 5.8 Range 5.5 - 6.7	CHPPD	5.7	5.5	5.7	5.7	5.7	6.7
		Fill Rate	95%	91%	94%	94%	93%	93%
LAU (Previously Ward 37)	Average: 5.7 Range 5.3 - 6.1	CHPPD	6.1	6.1	5.4	5.4	5.3	5.6
		Fill Rate	100%	101%	99%	100%	109%	87%
Ward 38	Average: 5.4 Range 5 - 5.9	CHPPD	5.4	5.5	5.9	5.6	5	5.1
		Fill Rate	103%	101%	105%	104%	91%	88%
Ward 25	Average: 9 Range 7.5 - 11.4	CHPPD	10.4	9.1	9.4	9.4	9	8.1
		Fill Rate	110%	107%	111%	109%	144%	73%
Ward 24 (IPC)	Average : 6.1 Range 5.6 - 6.9	CHPPD	5.6	5.8	5.6	6.3	6.9	6.2
		Fill Rate	101%	93%	93%	100%	90%	81%

Ward 25 noted a decrease in planned to actual staffing rates but the CHPPD remains within acceptable limits indicating that Safe Staffing is in place.

The Corporate Nursing and Midwifery Team will continue to work with NHS England to identify the best possible organisations to benchmark against over the coming months.

6. Reported Staffing Incidents

WUTH is proud to have a positive culture of incident reporting and whilst there has been an increase in the number of staffing incidents reported these did not result in any patient harms. The line graph below indicates a significant increase in reported incidents during July and August, following analysis of the incidents it has been concluded that there are duplicates within the system ie several members of staff submitting an incident form relating to the same incident. This has been raised with the Risk Management Department who are exploring ways within the system to try and capture this so that an accurate number of incidents can be reported.



A monthly analysis report of all Nursing and Midwifery incidents is provided for review and monitoring of themes and actions to the Senior Nursing Team. A review of these incidents indicate that many are based on staff's perception of staff shortages and on investigation by the senior nursing team, staffing levels were safe or mitigating actions had been put in place.

It is also acknowledged that the Trust has increased the bed base during Q1 and Q2 requiring additional staffing and this has had a significant impact on staff morale as it has been necessary to move staff more frequently to ensure safe staffing across all wards. Whenever possible staff have been moved for blocks of time to allow for continuity of care and to help develop good team working. Each escalation area has been managed by a dedicated Ward Sister and Manager to ensure a strong focus on leadership and team working is in place.

Increased reporting of incidents relating to safe staffing was noted in two areas:

6.1 Critical Care

Analysis has highlighted Critical Care as an area during August with a significant frequency of reported incidents with a total of 14 incidents. The majority of incidents reported for Critical Care were in relation to staff being relocated to support other areas. A full review from the ADNs for Medicine and Acute Division has provided assurance that safe staffing levels were in place at all times with the following rationale;

- The unit had a higher than average number of level 1 patients in the unit during this period, these patients required normal ward care rather than a higher level of care.
- No Patient was refused admission to critical care due to nurse staffing.
- The incident reporting has increased due to staff being moved to other areas in the division to support, no patient or staff member came to harm due to this movement.
- Staffing on the unit does not include 5 supernumerary nurses who are coming to the end of a 6 week preceptorship programme.

6.2 Ward 25

Ward 25 has for 3 consecutive months being one of the highest areas with increased staffing incident reporting. During July 2017 this was significantly impacted by duplicate incident reporting. Analysis of the incidents relate to a variety of different incident themes including increased patient acuity, staff moves and the impact that providing 1:1 support for Deprivation of Liberty assessed patients had on the ward. There were no patient harms as a result of these incidents.

The ADN Acute and Medical Specialties has completed a full review and is assured that safe staffing was in place. Ward 25 has the ability to flex its bed base and as a specialised infection prevention and control area can have empty beds which following risk assessment can result in staff being relocated to support other areas. The ward has recently recruited to their vacancies.

7. Conclusion and Recommendations

Whilst progress has been made to meet the recommendations of 'Hard Truths: The Journey to Putting Patients First' Expectations, Accountability and Responsibility there are some emerging concerns in relation to Ward Managers and Matrons ability to provide Leadership and Support to junior staff members due to the competing demand around patient flow and workforce flexibility.

In benchmarking the Trust performance for Care Hours per Patient Day (CHPPD) with other acute hospitals via the model hospital portal, allows us to further assure ourselves that safe staffing levels are in place and this can be used to address staff perception that staffing levels are low.

The Trust will continue with monthly Trust wide recruitment for registered nurses in conjunction with other initiatives outlined in this report. A full acuity and dependency review has been completed.

8. Recommendation

The Board of Directors are asked to receive this report.