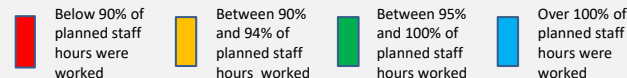


Nurse Staffing

April 2019.

Urgent Care



Ward / Unit	Staffing			Care Hours Per Patient Day			Avoiding Patient Harms				Commentary from Associate Director of Nursing
	Staffing Actual vs Rostered	WTE vs Establishment	Sickness Absence	Actual	Required	Variance	Pressure Ulcers G2+	Falls Moderate and above harm	Red Flags (Patient Risks)	Red Flags (Staffing Risks)	April 2019
Ward 33 (Stroke)	105%	-2.9	7.8%	6.50	8.17	-1.67	0	0	0	0	No issues raised
Ward 34 (Intermediate Care Unit)	95%	-1.5	23.2%	4.56	6.79	-2.23	0	0	0	4	Ward 34's 3 RGN on a day shift is sometimes utilised to support other areas with a higher acuity however there are ward based therapy staff that are able to support the nursing staff. Red Flags raised for missed breaks x 2 and less than one RGN on shift for more than 60 minutes x 2 (there are occasions where ward 34 staff support other areas with higher acuity with meds etc)
Ward 42 (Cardiology)	97%	-2.7	5.3%	8.77	7.01	+1.76	1	0	5	5	100% cover reflective of incorrect skill mix on occasions where there has been a gap in band 5 backfil has been provided with a band 2. Red flags there are 2 reports of < 2 staff on a shift this is reflective of a night shift where there had been short term sickness and 3 RGN worked across the cardiology footprint all efforts to provide staff inc agency failed.
Ward 43 (Haematology/Oncology)	108%	-2.2	0.3%	7.62	7.54	+0.08	0	0	1	6	Additional staff reflective of the utilisation of additional NA on nights to provide 2 NA due to ward layout to maintain patient safety. Patient red flag was raised as a result of delayed care and comfort, staff were for missed breaks/late finish however no risks raised via DATIX in relation to these.
Ward 47 (Acute Medical Unit)	97%	-7.3	3.7%	6.35	8.84	-2.49	1	0	19	38	Lower staffing levels as a result of vacancies however if required staff are moved from other areas to support there is also the use of additional NA to support RGN staff. Red flags raised for delayed care and comfort, delayed analgesia, delay in answering call bells. several flags have been raised for <2 RGN on a shift however this is never the case on AMU staff want to utilise the reg flag system to raise where there are staff shortages. Nil harms as a result of the red flags raised through the DATIX system. 1 Cat 2 PU however it is possible that this was present OA. there has been ongoing work on MU recently regarding checking of and reporting PU correctly OA there has been a vast improvement of this in April

Ward / Unit	Staffing			Care Hours Per Patient Day			Avoiding Patient Harms				Commentary from Associate Director of Nursing
	Staffing Actual vs Rostered	WTE vs Establishment	Sickness Absence	Actual	Required	Variance	Pressure Ulcers G2+	Falls Moderate and above harm	Red Flags (Patient Risks)	Red Flags (Staffing Risks)	April 2019
Ward 48 (Respiratory)	99%	-2.6	0.4%	6.23	6.61	-0.376	1	0	17	16	Good staffing levels demonstrated however there has been incorrect skill mix on a high percentage of day shifts due to vacancies. Red flags raised for delayed care and comfort, delayed analgesia, delay in answering call bells. Nil harms as a result of the red flags raised through the DATIX system. cAT 2 PU to hip appears that this has been a deterioration of a 1
Ward 49 (Gastroenterology)	93%	-1.6	1.5%	5.72	6.90	-1.18	0	0	0	6	Staffing reflecting acceptable cover however this is not always the correct skill mix and there has also been a need for some agency cover. 6 red flags raised from a patient perspective however no incidents of harm reported as a result of delays. 2 also raised from a security perspective in relation to one particular patient.
Ward 50 (Care of the Elderly)	86%	-2.7	6.6%	7.00	8.41	-1.41	1	0	0	0	Shortfall in staffing is reflected as new staffing figures in use however not all shifts currently recruited to and there is a reliance on bank staff. Recruitment process ongoing. Pressure to patients heel poor documentation noted previous to sore being found - fed back to ward manager to address with staff.
Ward 51 (Care of the Elderly)	92%	-14.7	1.1%	7.09	10.66	-3.57	0	0	0	0	Shortfall in staffing is reflected as new staffing figures in use however not all shifts currently recruited to and there is a reliance on bank staff. Recruitment process ongoing.
Ward 54 (General Medicine)	98%	-6.0	0.0%	#VALUE!	8.70		0	0	11	9	Adequate staffing levels are not reflective of current staffing needs due to increased bed base and change of patient cohort. Recruitment continues to be ongoing and staff utilised from other wards to support.
Ward 60 (Haem / Oncology)	99%	-1.6	0.0%	NA	0.00	NA	0	0	0	0	No issues raised
Bluebell (Rehabilitation)	103%	-4.8	4.4%	6.03	6.61	-0.58	0	0	0	0	No issues raised
Poppy (Intermediate Care Unit)	117%	-1.9	2.5%	6.56	8.47	-1.91	0	0	0	5	No issues raised

Nurse Staffing April 2019.

Planned Care



Ward / Unit	Staffing			Care Hours Per Patient Day			Avoiding Patient Harms				Commentary from Associate Director of Nursing
	Staffing Actual vs Rostered	WTE vs Establishment	Sickness Absence	Actual	Required	Variance	Pressure Ulcers G2+	Falls Moderate and above harm	Red Flags (Patient Risks)	Red Flags (Staffing Risks)	April 2019
ICU (Adult Intensive Care)	78%	+0.6	4.2%	24.51	26.5 Long Term Avg	-1.99	3	0	0	0	Pressure sores reviewed by Matron. All staffing reviewed on a shift by shift bases and in line with network requirements.
Renal (Renal)	86%	+0.53	7.6%	NA	NA	NA	0	0	0	0	Gaps due to sickness managed by unit manager. All cover reviewed in line with patient acuity. Shifts staffed down as dependency allowed.
Ward 41 (Surgery)	67%	0.00	14.6%	5.79	7.37	-1.58	1	0	13	19	High level of short term sickness in month. Red flags reported reflect staff pressures due to this. Staffing reviewed on a shift by shift basis. 1 grade 2 PU under RCA review by ward manager. The impact of lower staffing levels has not resulted in actual harm in month. The impact has however led to delays in care and impacts on staff wellbeing with missed breaks and late finishes.
Ward 44 (Surgery)	93%	-6.5	13.0%	5.15	6.87	-1.72	0	0	3	3	High level of RN vacancy and short term sickness. Staffing levels have been managed and any risks mitigated on a daily basis. No red flags have resulted in direct patient harm. 2 x Staff identified to transfer to ward 44.

Ward / Unit	Staffing			Care Hours Per Patient Day			Avoiding Patient Harms				Commentary from Associate Director of Nursing
	Staffing Actual vs Rostered	WTE vs Establishment	Sickness Absence	Actual	Required	Variance	Pressure Ulcers G2+	Falls Moderate and above harm	Red Flags (Patient Risks)	Red Flags (Staffing Risks)	April 2019
Ward 45 (Surgery)	112%	-1.6	1.0%	5.78	7.31	-1.53	1	0	0	0	Additional staff booked to support 7 escalation beds open. Risk managed daily.
Ward 52 (Trauma & Orthopaedics)	101%	-3.6	10.9%	6.07	8.54	-2.47	2	0	9	5	No red flags have resulted in direct patient harm. 2delays in patient care and pressure on staff. high acuity patients due to medical outliers. High number of 1-1 care.
Ward 53 (Vascular)	93%	-3.4	0.6%	6.24	7.80	-1.56	0	0	12	15	Red flags recorded to reflect staffing pressures/gaps. Again these have led to delays in patient receiving care and has impacted on staff well being. Staffing reviewed across the division daily to ensure all options reviewed to mitigate risks. 2 new starters this month which will mitigate risk going forward.

Nurse Staffing

April 2019.

Maternity, NNU and Children's



Ward / Unit	Staffing			Care Hours Per Patient Day			Avoiding Patient Harms				Commentary from Associate Director of Nursing
	Staffing Actual vs Rostered	WTE vs Establishment	Sickness Absence	Actual	Required	Variance	Pressure Ulcers G2+	Falls Moderate and above harm	Red Flags (Patient Risks)	Red Flags (Staffing Risks)	April 2019
Children's (Paediatrics)	96%	-1.0	2.4%	12.46	10.39	+2.07	0	0	0	0	No Closure , 1 new starter
Maternity (Maternity)	98%	-5.5	2.5%	14.03	12.2 Long Term Avg	+1.83	0	0	0	0	No Closure , MW to birth ratio 1:29
NNU (Neonatal Unit)	97%	-4.0	0.0%	11.18	10.49 Long Term Avg	-1.7	0	0	0	0	No Closures 2 days not bapm complaint . Out to advert for b6