

STAFFING ESCALATION TIMELINE

Date	Communication	
2008	Staffing levels were first placed on the directorate risk register in 2008 and have been reviewed at subsequent directorate governance forums.	
08.02.11	CQC visit at Lincoln identified that the current establishment did not meet the RCN recommendations.	
Jan 2013	Staffing levels at Lincoln were raised urgently with the Deputy Director of Operations at Lincoln. There had been some specific challenging issues around vacancies, maternity leave and sickness levels. The service was able to increase temporarily the hours of some part time staff to help fill some of the maternity leave.	
Dec 2013	A paper was requested by the Director of Nursing and presented to the Children and Young Person's Board. It was requested that some further work was done around monitoring acuity and activity which was completed.	
April 2014	The Director of Operations requested a paper to take to the Trust Development Authority (TDA) identifying the key risks within Paediatric services and the nurse to patient ratios where included. As a result of this paper, the Senior Business Manager was asked to write a further paper on the key risks to be presented to the Trust Executive. An acuity and activity monitoring tool was put in place.	
July 2014	The CQC visited the service and identified that the service did not meet the RCN standards in regards to registered nurse staffing.	
Aug 2014	As part of the Chief Nurse's safer staffing review, evidence was submitted relating to the non-compliance against agreed nurse ratios within the Registered Children's nurse workforce.	
Oct 2014	Agreement to close 10 beds (5 at Lincoln and 5 at Boston) in order to improve staff to patient ratios.	
Dec 2014	An increase of 10 WTE B5 staff was agreed by the Trust Board	
04.09.15	Meeting with DON re using staffing vacancies to recruit unregistered staff to enable RNs to focus on nursing duties.	
Nov 2015	<p>Confirm and challenge with Deputy Director of Nursing. Agreed new staffing template. Situation with vacancies remain the same but further issues caused by maternity leave and sickness. This has led to an implementation at Lincoln of a winter plan which advocated reducing elective activity, partial closure of Safari Ward in the mornings (losing 4 beds for this period each day), staffing Clinic 5 with HCSW staff only, moving staff from Grantham and utilizing community services more effectively and to help with cover (ULHT employed).</p> <p>Recruitment has also taken place for additional band 4 nursery nurse staff (5 WTE).</p>	

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Date	Communication	
	RISK SUMMIT HELD.	
Dec 2015	Review of staffing with vacancies plus long term sickness and maternity leave shows 41% RN staff unavailable for rota. This was escalated to Head of Nursing and then to the Director of Nursing	
04.01.16	<p>Matron & Head of Nursing sent paper to Director of Nursing & Chief Operating Officer - Risk Summit re: Maintaining Registered Nurse Staffing Levels on Acute Paediatric Wards.</p> <ul style="list-style-type: none"> • Currently 41% (23.5 WTE) of the funded registered workforce is not available for rostered shifts due to vacancy factor, long term sickness and maternity leave. • Current ward template does not take into account the Royal College of Nursing's standards on Paediatric nurse ratios. Thus many shifts do not reflect accepted nurse to patient safety standards when assessed against acuity. • Benchmarking against local district general hospitals indicates that staffing levels are significantly lower than our local comparators. • Papers have previously been presented raising concerns in December 2013 and April 2014. A briefing paper recommending uplift in RN staffing was then presented in August 2014. • In October 2014 10 beds were close across the service and further investment of an uplift of 10 WTE Band 5 posts was agreed in December 2014. • Recruitment during 2015 has been immensely challenging and we have been unable to recruit into the vacancies within the registered workforce. • Current RN vacancies combined with long term sickness and maternity leave means that the position in January 2016 is that there are 23.5 WTE RN staff unavailable for roster. This means that on a daily basis, it is not possible to staff all areas at the current agreed template. This agreed template does not allow us to meet the RCN Standards on most shifts. • A winter plan was put in place to help manage this position and has made some minimal impact. 	
04.04.16	<p>Medical Director & Chief Operating Officer sent report written by Senior Business Manager & Clinical Director on PHB Paediatric Middle Grade Rota and associated actions / risks to Trust Board.</p> <p>The purpose of this report is to provide the Trust Board with an update regarding the risks associated with the staffing of the PHB middle grade rota, current risk mitigation and options for the future acute paediatric service on the PHB site</p>	
April 2016	PHB Paediatric Service contacted W&C Clinical Director to inform that they may have over-recruited to the middle grade rota. No further escalation of medical staff risks from PHB site.	
May 2016	Nurse Staffing Risk reviewed. In same position until RN vacancies are filled.	
13.07.16	The Acute Paediatric Service at PHB escalated a severe medical middle grade staffing risk on 13 July 16 to the W&C Clinical Director. The service could not provide assurance to the triumvirate that all medical clinical shifts could be covered for August 16.	

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Date	Communication	
	INTERNAL RISK SUMMIT with PHB Consultants, W&CCD & HOM/N	
14.07.16	W&C Triumvirate meeting; Request to M Brassington for Exec Risk Summit	
20.07.16	RISK SUMMIT	
20.07.16	Meeting with PHB consultants, CD & Senior Business Manager	
25.07.16	RISK SUMMIT	
29.07.16	<p>Ward Sister & Head of Nursing sent paper to DoN reporting an inability to maintain safe RNC staffing levels on the Children's Ward, PHB. Issue: RN staffing vacancies on Ward 4A are currently running at 8.97 wte but when added to maternity leave and long term sick, 14.85 wte are unavailable for roster - this equates to 51%.</p> <p>This makes the rota exceedingly challenging to populate with the safe and appropriate skill mix of clinical staff.</p> <p>Report Recommendations:</p> <ul style="list-style-type: none"> • To secure approval to uplift the non-registered establishments in order to release registered nurse staffing to carry out the RN role over the next six to twelve months. • Flex the bed capacity so as to ensure a safe staffing ratio within the Paediatric ward at PHB. • Enhanced support from Site Duty Managers. • Communication strategy so as to ensure all staff fully aware. 	
02.08.16	Significant issues at Pilgrim that were taken to Risk Summit in July 2016 and followed up by a paper to Executive Team on 2 August 2016. Therefore risk remains the same.	
01.11.16	<p>Briefing paper presented at Trust Board. This report provided an update to the Trust Board, following the recent papers which discussed imminent risks to staffing within Paediatric middle grades and the risk to maintaining a safe registered sick children nurse (RSCN) staffing levels on the Children's wards at Pilgrim Hospital, Boston. There has been significant short term recruitment to the middle grade posts but minimal RSCN recruitment; however the service is far from stable with additional staff turnover and shortages in general.</p> <p>The paper included current risk mitigation and options for future planning.</p>	
05.12.16	RISK SUMMIT	
12.07.17	<p>Matron sent email escalating concerns re: expected staffing levels on Children's wards from September 2017.</p> <p><u>Rainforest Ward</u> Current vacancy = 5.29wte September Vacancy = 8.92wte Requesting agreed plan as matter of urgency.</p> <p><u>Children's Ward 4A</u> Current vacancy = 7.13wte</p>	<p>HoN, CD, HoS, GM Risk Manager, Business Manager</p>

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Date	Communication	
	September vacancy = 9.41wte	
14.07.17	Email escalating concerns re: staffing levels on Children's wards Briefing paper sent	HoN, CD, HoS, GM Risk Manager, Business Manager
18.07.17	July 2017 Staffing Report Update sent	HoN
20.07.17	Amended July 2017 Staffing Report Update sent	HoN
14.08.17	Emailed Staffing Shortage briefing paper & draft Quality Impact Assessment to Deputy Director of Nursing Penny Snowden & Julie Pipes Assistant Director of Strategy at request of Head of Nursing	Deputy Director of Nursing. Assistant Director Strategy.
15.08.17	Emailed draft QIA: Temporary closure of the generic community children's nursing service at Boston to support safe staffing levels on children's ward 4A.	HoN
15.08.17	July 2017 Staffing report update sent. Reformatted and narrative added by DDN to take comments from ET on 17.08.2017 so ready for TB. DDN requested final QIA to go to NHSI by end of 17.08.2017.	HoN
15.08.17	E-mail trail – MD e-mailed CD and HOM/N stating need a risk summit with CCGs to go through issues.	
17.08.17	RISK SUMMIT	
22.08.17	Emailed draft QIA Reduction in Beds	HoN, CD, HoS, Deputy Director of Nursing, Business Manager
23.08.17	Emailed QIA Reduction in beds Children's wards	HoN, CD, HoS, Deputy Director of Nursing, Business Manager
24.08.17	E-mail from CD to Paediatricians and subsequent responses.	
29.08.17	Response from NHSI forwarded by DON (from 21.08.2017)	
30.08.17	Email to DoN answering queries on QIA closure CCN Teams & QIA Reduction in beds Children's wards	DoN
05.09.17	CD went to TB when nursing issues were discussed along with the paper written that went to TB week before. Board has unanimously agreed to support short term measures and to seek systems views in	

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	the escalation meeting tomorrow for medium and long term approach.	
06.09.17	PAEDIATRIC RISK SUMMIT	
18.09.17	E-mail Paediatric Continuity – SB stated that she thought an external nursing review would be very beneficial with ref to STP work and in relation to options and workforce requisition	
09.10.17	September Staffing Report Update sent	HoN
12.10.17	Establishment reviews with DCN & e-Rostering	
06.11.17	October 2017 Staffing report update sent	HoN, GM, CD
07.11.17	October 2017 Staffing report update sent	DoN in absence of HoN
04.12.17	RISK SUMMIT 04.12.2017 Email received from Penny Snowden Deputy Director of Nursing following her attendance at Risk Summit on behalf of Michelle Rhodes	
05.12.17	Email from Matron to Bank Business Manager, HOM/N, Deputy DON & DON Re: Paediatric Agency Staffing – requesting to put back into Rainforest staffing due to difficulties covering sickness & x3 nurses on a shift is not enough. Advised staff reporting poor experience due to turnaround & volume rather than acuity. Ie) 15 admissions and 12 discharges simultaneously – pressure on staff. Concerns reported re: winter & potential increase in babies admitted which requires higher staff ratio. Reported challenging shifts for staff. Reports concerns recently have not been able to always get cover when needed and we now have a number of new staff.	
12.12.17	November 2017 Staffing report update	HoN
15.12.17	12.12.2017 – E-mail re prep for Risk Summit on 15.12.2017 + e-mail from 14.12.2017	
29.12.17	E-mail from GM for Risk Meeting	
12.01.18	HOM/N e-mailed DON to discuss/update her re discussion with DCN re templates and the review of establishments above.	
18.01.18	Paediatric Discussion Based Exercise – Exercise PITSTOP 1000hrs-1400hrs <i>Women & Children's Paediatric speciality is experiencing staffing shortages at all levels. In order to mitigate a critical staffing shortage within the Paediatric inpatient setting at Pilgrim Hospital, a contingency plan has been proposed. This will re-locate Pilgrim Paediatric inpatient services to Lincoln Hospital Rainforest and Lancaster Wards and will provide sufficient beds and resources for inpatients, day case and Paediatric Assessment Activity.</i>	Led by Business Manager
18.01.18	December 2017 Staffing report update sent	HoN

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06.02. 18	January 2018 Staffing update report sent	HoN
06.02.18	Meeting held to discuss fill rates and staffing template with Deputy Director of Nursing Workforce: HOM/N & Matron. Nettleham Ward Annexe	HoN & Deputy Director Nursing - Workforce
19.02.18	E-mail from GM re regular risk summits	
20.02.18	<p>E-mail from HOM/N to escalate concerns regarding nurse staffing on 4a and advising of a reduction to 12 beds, and acknowledged by DON (12.45h).</p> <p>Daily Paediatric shift fill rates reviewed by HoN, Matron and Ward Sister for 4A.</p> <p>Concerns raised as to compliance against fill rates - This concern has been escalated via the risk summits and staffing papers.</p> <p>Proposal with immediate effect due safety & quality concerns to reduce bed capacity to 12 for the next 6 months, this will give us a ratio of 1RN to 4 children / bed which is the national staffing recommendations for a child of 2 and above. Within this proposal it does not facilitate the coordinator being able to be supervisory as recommended. The interim ward manager is continually covering the gaps within the rota.</p> <p>Further urgent risk summit request where this can be further discussed but an agreement is required now by us all.</p>	COO, GM, DON, HOS
20.02.18	E-mail from DON with letter from CQC re PHB A&E (17.06h)	
21.02.18	E-mail from DON with letter from CQC re possible Section 31 action	
21.02.18	E-mail from GM to PHB Surgery advising to decrease in beds to 8 and inability to take elective surgery.	
22.02.18	E-mail from HOM/N supporting the e-mail from Deputy Matron outlining the requirements for children in ED.	
23.02.18	<p>E-mail from HOM/N outlining the requirement for Children's Nursing to support ED. Acknowledged by DON with thanks to all.</p> <p>Decrease of Children's Bed Capacity on Ward 4A from 19 to 8 beds / cots with immediate effect on Ward 4a at Pilgrim Hospital.</p> <p>Request to support the A&E department by facilitating 3 of our registered children's nurses to work in the A&E at PHB.</p> <p>W&C Clinical Directorate supported these required actions so that our children can continue to be assessed in our A&E at PHB. There is no plan to implement the same measures at LCH currently. The Executive Directors and Trust Board support these actions.</p>	

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	The Trust is aware of the affect this will have on activity and this is being addressed.	
23.02.18	E-mail from GM to Contracting re elective surgery and response indicated that CCG aware.	
23.02.18	Draft briefing paper to Execs from GM to HOM/N & HOS	
23.02.18	E-mail from Pharmacy re TTOs and acknowledgement from HOM/N	
23.02.18	E-mail from Head Of Service to Paediatricians and Senior Nursing re pathway and a response from Paediatrician	
25.02.18	E-mail thanks re support to ED	
26.02.18	E-mail from Matron to Acute Paediatric Matron and ED Matron re core competency doc and HOM/N acknowledgement that this would be ratified by her, as Chair, at W&CCD Meeting on 27.02.2018 with a short review date.	
26.02.18	E-mail from GM to advise that at Operational Meeting escalated re impact on Rainforest and a follow up response from HOS.	
26.02.18	HOM/N response to DCN request for evidence for CQC response	
26.02.18	E-mail from Matron to University re support for training	
27.02.18	E-mail re rota provided to ED	
27.02.18	E-mail to DON with info for media	
27.02.18	E-mail trail re SOP for escalation when RN (Paediatrics) not available	
27.02.18	E-mail from HOS with attachments for discussion at W&CCD Governance Meeting	
27.02.18	E-mail trail – Consultant Paediatrician/junior staff re issues in A&E & response from HOM/N to Paediatrician.	
28.02.18	E-mail trail re liaison with Surgical colleagues re elective waiting list	
02.03.18	ULHT SOP e-mailed to DON & DCN	
06.03.18	E-mail correspondence re surgical waiting list children	
07.03.18	E-mail from HOM/N to Exec Team re Surgery	
11.03.18	Escalation by HOM/N to DON re 4a cover and response re risk summit + further correspondence with HOS.	
12.03.18	ED SOP sent by Matron to Site Duty Managers PHB&LCH, plus	

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	subsequent e-mails re staffing.	
12.03.18	E-mail of rota for rest of March to Director of Nursing/Head Of Midwifery/Nursing	
13.03.18	E-mail from Exec Team PA re risk summit – subsequently arranged for 26.03.2018	
14.03.18	E-mail summary to Exec re CQC inspection	
17.03.18	E-mail trail from DON re Paediatric College Tutor escalating to EM School of Paediatrics reduction of beds to 8 and response from GM.	
21.03.18	Meeting with Senior Nursing Team & Consultants to discuss current situation.	
21.03.18	E-mail from DON to HOS Surgery & Anaesthetics, HOM/N & GMs	
23.03.18	Paediatric Improvement Committee (dial in)	
26.03.18	Pilgrim ED Escalation Risk Summit	
26.03.18	PAEDIATRIC RISK SUMMIT	
09.04.18	Preparation for Paediatric Multi-Agency Risk Summit	
10.04.18	MULTI-AGENCY PAEDIATRIC RISK SUMMIT	
13.04.18	Task & Finish Group (Paediatric Staffing PHB) – Skype meeting – Chief Operating Officer, Chief Executive Officer, General Manager, Head Of Service, Matron	
17.04.18	Pre-meet Task & Finish Group (Paediatric Staffing PHB)	