Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

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Ref: FOI/2024/10227

Date Received: 22nd October 2024

Response Due: 19th November 2024

Date: 15th November 2024

Dear Sir/Madam

With reference to your request for information received on 22nd October 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

In your request you asked:

Please can you provide me with the following information:

1. **What is the agreed registered nurse patient ratio on non-specialised adult wards?**
   1:8 – 1:9 staffing ratios is the lowest acceptable ratio.

2. **If the ward has any Registered Nursing Associates on shift are the nurses who are supervising their patient planning given less patients to account for their extra workload?**
   Staffing on the ward is allocated accordingly to patient acuity, dependency and with consideration of the skill mix. This ensures the supervision of nursing associates, by a registered nurse, at all times. Additional support is provided to the designated area by the co-ordinator or the ward manager.

3. **Are patient acuities taken into consideration when patients are being delegated to registered nursing staff?**
   The Trust utilises SafeCare' to assess the acuity and dependency of patients within inpatient clinical areas. Consideration is also given to the skill mix of the staff on duty at the time, and support is provided via the movement of staff where there are patient safety concerns.

4. **What is your accepted average Care Hours per Patient Day (CHPPD) to show safe and effective care is being provided to patient?**
   The Trust does not have a recommended CHPPD, however the Trust CCPPD was 9.0 in July.

5. **Is there a different accepted CHPPD for providing safe care to patients rather than safe and effective care?**
   There is not a different accepted CHPPD for providing safe care to patients.

6. **Is it accepted as safe and effective practice for multiple patients to be admitted to the same ward at the same time?**
   It is recognised that there is a patient safety issue in admitting patients onto the same ward at the same time, however, dependent on the availability of empty beds, there may be occasion's where patients are sent to the ward at the same time. Requests will be made to the Patient Flow Team to stagger this to allow for safe admission of patients. On occasions where multiple patients are admitted at the same time the Trust would look to support admissions to the area with the temporary deployment of staff from other areas to support the admission process

7. **If the answer to the above question is no. If multiple patients need to be admitted to the same ward what is recognised as a safe time gap between patients being admitted?**
   Not applicable as we have already advised we do this on occasion.

8. **On adult wards is it regular practice to delegate fluid balance charts to non-registered staff?**
   Nonregistered staff, following Trust training, have delegated responsibilities for completion of fluid intake and urine output on fluid balance charts only. Oversight of fluid balance monitoring and treatment action planning remains the responsibility of the registered nurse.

9. **If non-registered staff do complete fluid balance charts, do all non-registered staff receive Trust training on when to escalate concerns relating to fluid balance charts and patient's hydration status, or is this left to individual wards to instigate?**
   Please see the above response.

10. **If patient cares such as fluid balance charts, skin assessments and property disclaimer forms are not completed for a patient within 2 hours of their admission to a ward is this recognised by ward managers and matrons as ineffective and unsafe patient care?**
    The Trust standard is that patient should be fully admitted to the ward environment within 2 hours and all risk assessments undertaken within that period. If not completed, an alert is highlighted within the patients tracking board available on the Trust HIS system. The ward leaders audit this weekly and is also included within the Matrons monthly audits so compliance with the standard can be monitored.

11. **Is it the registered nurses' decision as to whether a patient at risk of falls is safely supervised over a shift or is this decision made by the ward co-ordinator/manager?**
    Patients on admission to the wards are assessed regarding their falls risk. Upon completion, this is transposed and relayed within staffing handovers at each shift, at safety huddles and is recorded and held within the HIS system and if completed as per requirement, this should be readily available for anybody who is reviewing that patient. This is undertaken by the registered nurse caring for the patient. Falls risks are reviewed if a patient's condition changes or on a weekly basis as a minimum.

12. **If there is a difference of opinion between the registered nurse and ward co-ordinator does the ward co-ordinator/ward manager document the reasons for their decision or is the registered nurse expected to document this?**
    The registered nurse responsible for the patient would undertake patient risk assessment and this would be fed up to the coordinator via the tracking board and at their handover reviews. Reassessment of the patient would occur if an incident has happened. It would be expected that the ward coordinator and registered nurse would discuss if any queries and come to a safe collective decision asking for advice from medical and therapy colleagues as appropriate.

13. **Are adult wards expected to have a supernumerary ward co-ordinator? If the answer to this is yes, are exceptions recorded on incident forms?**
    Each ward should have a supernumerary ward coordinator this is in addition to the ward leader. However, when staffing gaps occur it may be necessary to utilise the supernumerary ward leader to support the gaps. These gaps are documented within the Safe Staffing Escalation SBAR undertaken 2-3 times daily for each ward.

14. **In out-patient departments are the ward managers/deputy ward managers expected to be supernumerary? If yes, how many shifts should these members of staff be the ward co-ordinator or is this role expected to be fulfilled by band 5 staff?**
    No.

15. **What percentage of shifts is expected to be co-ordinated by band 5 staff?**
    Skill mix assessment is undertaken per shift and senior Band 5 staff nurses will be expected to coordinate the shift if a Band 6 staff member particularly on nights are unavailable. This would be an infrequent occurrence on days when there would be a ward leader or deputy expected to be available.

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,

Kevin Parker-Evans MBA, FCMI, CMgr. RN Dip HE
Chief Nursing Officer & Director of Infection Prevention and Control

PLEASE NOTE:

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, SK9 5AF

Helpline number: 0303 123 111