

TRUST BOARD MEETING

Report to:	Trust Board Meeting "in public"	Agenda item:	9
Date of Meeting:	25 th September 2014		
Title of Report:	Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)		
Status of report: (decision and approval, position statement, information, confidential discussion)	Information		
Lead Executive Director:	Michelle Clarke, Director of Nursing & Quality		
Author:	Michelle Clarke, Director of Nursing & Quality		
Appendices:	Appendix 1 - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – August 2014		
1. Purpose of the report			
To inform the Trust Board of the ward areas that didn't meet the expected staffing requirements in August 2014.			
2. Recommendations			
The Board are asked to note the content of the report.			
3. Summary of Key Issues for discussion			
<ul style="list-style-type: none"> • There are a number of shifts where there has been an overfill of additional staff. This is due to patients requiring high dependency (patients at risk of falls, dementia etc.) as well as patients requiring non-invasive ventilation care. • Fill rates have been low in some areas but have been supported by additional Health Care Assistants. • Vacancies continue to remain a challenge at Community Hospitals and medical wards at the County Hospital. 			
4. Reference to previous reports			
June 2014 Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing July 2014 Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing August 2014 Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing			
5. For further information or any enquires relating to this report please contact:			
Michelle Clarke, Director of Nursing & Quality, michelle.clarke@wvt.nhs.uk			

6. Please confirm, by ticking the box, that you have included or considered the following items in developing your report:

Background

Care Quality Commission Implications

Legal / NHS Constitution considerations

Analysis of Risk including link to the Board Assurance Framework and Risk Register

Resource Implications (staffing & financial)

Patient, Public and Stakeholder involvement

Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)

1.0 INTRODUCTION

1.1 As part of the National Quality Board guidance published in November 2013 there is a requirement to publish on a monthly basis nursing, midwifery and care staffing capacity and capability.

2.0 Main Body of Report

2.1 The attached appendix is published alongside every other Trust's data on the NHS Choices website on a monthly basis. This allows patients and the public to see how hospitals are performing on this indicator in an easy and accessible way. The data sits alongside a range of other safety indicators. These include CQC ratings, infection and cleanliness, open and honest reporting (patient safety incidents on NRLS), VTE risk assessment, response to patient safety alerts, NHS staff survey (staff recommendation) and the NHS Safety Thermometer.

2.2 There are a number of shifts where there has been an overfill of additional staff. This is due to patients requiring high dependency care (patients at risk of falls, dementia etc.) as well as patients requiring non-invasive ventilation care.

2.3 There are areas where fill rates of staff have been between 59% and 97%. Teme Ward had an average fill rate of 59%, however this was due to planned theatre shutdown so vacancies were not covered by bank or agency use as there was no requirement to do so. Lugg Ward had the highest number of falls. Lugg Ward had had a high number of high dependency patients (HDP) particularly with dementia. The vacancy factor in Registered Nurses continues to be a challenge on that ward and whilst there has been an increased number of HCA's to support the HDP patient, this particular group of patients do have an increased risk of falls. Having reviewed the falls data for that ward there does not appear to be any one common theme identified.

2.4 Where gaps have been identified, these are down to predominantly two reasons, namely sickness or vacancy factor and maternity leave.

2.5 Recruitment continues to be a challenge. 8 newly qualified nurses commenced in September across the majority of areas. Medical wards and Community hospitals remain a challenge to recruit to. A meeting has taken place with the Director of Nursing and Quality, HR Director, Heads of Nursing, Head of Education and Development and Recruitment to identify what further work needed to be undertaken to increase the nursing workforce.

It has been agreed that a further 20 European nurses will be interviewed in October for potential recruitment. Return to practice places will be offered to nurses wishing to return with a joint interview between the Trust and University. If successful they will be offered to join the flexi workforce or a permanent post on a ward area.

Assistant Practitioner courses will also be advertised, particularly for Community hospitals where the skill mix can allow for some posts of this nature to join the workforce. A strategic review of the skill mix at the County Hospital will also take place to see if we can add to our current Assistant Practitioner workforce.

Appendix 1 - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff - August 2014

Ward name	Day				Night				Day		Night		Comments
	Registered		Care Staff		Registered		Care Staff		Average fill rate - registered nurses/mi dwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mi dwives (%)	Average fill rate - care staff (%)	
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					
Womens Health	795	669.5	450	487.75	285	304	285	288	84.2%	108.4%	106.7%	101.1%	RN - under due to vacancy
Maternity Ward	775	775	688.5	688.5	775	775	462.5	450	100.0%	100.0%	100.0%	97.3%	Nil comment
Childrens Ward	1867	1830	465	415	589	589	294.5	266	98.0%	89.2%	100.0%	90.3%	CS - under due to vacancy
Lugg Ward	1860	1493.5	1395	2083.5	883.5	876.5	883.5	1127	80.3%	149.4%	99.2%	127.6%	RN - under due to vacancies CS - significant number of HDP's
Arrow Ward	1627.5	1384.25	1162.5	1284.5	589	581	589	655.5	85.1%	110.5%	98.6%	111.3%	RN - under due to vacancies CS - Over due to HDP's
Wye Ward	1860	1769.85	1627.5	1716.25	883.5	864.5	883.5	1168.5	95.2%	105.5%	97.8%	132.3%	RN - under due to vacancies CS - Over due to HDP's
Acute Admissions Unit	3255	3177	1860	2096.25	1767	2007.5	589	1035.5	97.6%	112.7%	113.6%	175.8%	RN - under due to vacancies CS - Over due to significant number of HDP's
Cardiac Care Unit	1162.5	1008.5			589	589			86.8%		100.0%		RN - Under due to maternity leave
Hillside Intermediate Care	930	917.75	2092.5	1903.5	589	589	589	589	98.7%	91.0%	100.0%	100.0%	CS - Under due to vacancy
Leominster Community Hospital	1395	1052	2325	2197.75	589	550.5	883.5	882	75.4%	94.5%	93.5%	99.8%	RN - Under due to vacancy
Bromyard Community Hospital	930	922.5	1395	1601.5	588	570	588	711	99.2%	114.8%	96.9%	120.9%	CS - Over due to HDP's
Ross Community Hospital	1395	1333	2325	2460.5	589	617.5	1178	1254	95.6%	105.8%	104.8%	106.5%	RN and CS - Over due to HDP's
Leadon Ward	1395	1537	1162.5	1107.75	589	399	589	570	110.2%	95.3%	67.7%	96.8%	RN - Under due to vacancy. Covered by extra Band 5 across Monnow & Leadon
Teme Ward	1395	828.5	1162.5	1060	589	475	589	347	59.4%	91.2%	80.6%	58.9%	RN - Under due to reduced capacity of Ward due to planned theatre maintenance
Monnow Ward	1395	1422	1162.5	1210.5	589	572.25	589	636.8	101.9%	104.1%	97.2%	108.1%	Nil of note
Redbrook Ward	1657	1498	1395	1532.5	833.5	828.5	589	627	90.4%	109.9%	99.4%	106.5%	RN - Under due to vacancy.
Special Baby Care Unit	1162.5	1192.5			1162.5	1161			102.6%		99.9%		RN - Under due to vacancy
Intensive Care Unit	1973	1937			1918	1846			98.2%		96.2%		RN - Under due to low bed capacity