

Report to:	Trust Board 'in public'	Agenda item:	13
Date of Meeting:	25th of June 2015		
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:	Paul Hooton, Deputy Director of Nursing		
Appendices:	Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff –May 2015 Appendix B – Nurse Sensitive Indicators May 2015 Appendix C - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff without Bank and Agency –May 2015		
1. Purpose of the report			
To inform the Quality Committee of the ward areas that didn't meet the expected staffing requirements in May 2015.			
2. Recommendations			
The Quality Committee are asked to note the content of the report.			
3. Summary of Key Issues for discussion			
<p>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, a special 1 to 1 nursing in paediatrics). Some areas have appointed new nurses who are supernumerary.</p> <p>In addition there has been overfilling of HCAs in some areas. This was to cover the shortfall in RGNs in those areas; (see below).</p> <p>Fill rates have been low in some areas, Lugg, AAU, Leominster Community Hospital and Monnow. The majority of these were due to vacancies and sickness rates and unable to provide bank and agency back fill. Hillside continues to report a 53% for Registered Nurses during the day; however the Nursing Director has agreed new staffing levels/skill mix which has not yet been reflected in the monthly fill rate report.</p> <p><u>Nurse sensitive Indicators (NSI)</u></p> <p>The majority of the indicators are green reporting 0 incidents with a significant reduction in pressure ulcers. However there has been a slight increase in reported slips, trips and falls and drug errors.</p> <p><u>Pressure Ulcers</u></p> <p>There has also been a significant decrease in Pressure Ulcers this month in all areas with no reported pressure ulcers in any of the inpatient areas.</p> <p><u>Falls</u></p> <p>The majority of wards in the inpatient areas have seen a reduction in the number of reported falls over the past month. However Leadon ward reported an increase of 3 falls. There does not appear to be any particular themes on reviewing the incidents and all appropriate actions were taken at the time the incidents occurred. The ward staffs have received guidance on falls awareness over the past week.</p>			

There has also been an increase in the number of falls in the Community Hospitals. Ross Community Hospital reported 14 falls. The ward reported an increase overall in the number of confused patients admitted in May which contributed to the high level of falls, despite all the preventative precautions been put in place, including use of falls sensor pads, moving the patients closer to the nursing station and when required 1 to 1 nursing care. The ward manager is currently reviewing all the falls and the fall's champion is developing further education/training for the staff.

Both Leominster and Hillside reported 8 respectively, again the majority due to repeat confused fallers. They also put all the preventative precautions in place identified above. Two falls resulted in harm to the patient. One fall in Leominster and one fall in Hillside resulted in a fractured neck of femur. Both of these incidents are under investigation.

Drug Errors

Drug errors have increased on the previous month. Most clinical areas have either stayed the same (Ross, Redbrook, Leadon and Teme) or seen a reduction (ITU, Bromyard, Delivery Suite and Leominster). However some wards have seen a slight increase (Lugg, Frome, Hillside, Monnow and CAU). There has been a significant increase in drug errors in Arrow (6) from the previous month. The majority of the errors were due to either missed doses or an incorrect dose of medication, 2 involving insulin. The ward manager has now ensured all staff have completed the insulin e-learning package. None of the drug errors for this month resulted in any patient harm. All Staff involved in drugs errors are required to complete a reflective practice log, however to date only 5 staff have completed this. Moving forward in the future the matrix will not be signed off until the reflective practice is complete and returned to EDC.

Infection Control

There has been a slight increase in the number of reported C Difficile (6) compared to previous months, with the majority of wards reporting no cases. However Lugg, Frome, Wye and ITU reported 1 case each and Bromyard reported 2 cases. These cases are under investigation and all 4 wards are in enhanced review periods.

Friends and Family test

There has been a significant increase in the response rate to the Friends and Family test which puts us in the green percentile in the majority of areas. Over 96% of respondents would recommend us to their friends and family.

4. Reference to previous reports

Monthly reports since June 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

Or

Paul Hooton Deputy Director of Nursing paul.hooton@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)



Adult and Child Safeguarding



Patient, Public and Stakeholder involvement