

<b>Report to:</b>	<b>Trust Board Meeting "in public"</b>	<b>Agenda item:</b>	<b>10</b>
<b>Date of Meeting:</b>	<b>5 May 2016</b>		
<b>Title of Report:</b>	<b>Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)</b>		
<b>Status of report:</b> (decision and approval, position statement, information, confidential discussion)	<b>Information</b>		
<b>Lead Executive Director:</b>	<b>Denise Price , Director of Nursing</b>		
<b>Author:</b>	<b>Paul Hooton, Deputy Director of Nursing</b>		
<b>Appendices:</b>	<b>Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – March 2016</b> <b>Appendix B – Nurse Sensitive Indicators including School Nursing , Health Visiting and Neighbourhood Teams March 2016</b> <b>Appendix C – Bank and Agency Usage</b>		
<b>1. Purpose of the report</b>			
<p>To inform the Trust Board of the ward areas that did not meet the expected staffing requirements in March 2016. This relates to Board Assurance Risk Number 417. Risk to recruitment of new staff and retaining current staff.</p>			
<b>2. Recommendations</b>			
<p>The Trust Board is asked to note the content of the report.</p>			
<b>3. Summary of Key Issues for noting.</b>			
<p><b>Key points to note;</b></p> <ul style="list-style-type: none"> <li>• The fill rates have continued to improve slightly during the last quarter, up to March 2016.</li> <li>• Where shifts cannot be covered by a Registered Nurse (RN) and when safe to do so, Registered General Nurses (RGN's) are replaced by a Health Care Assistants (HCAs) during a shift, to ensure high dependency patients are cared for particularly.</li> <li>• RN shifts for Wye &amp; Lugg ward and Hillside Community Hospital, remain challenged</li> <li>• The level of sickness and vacancies directly contribute to the level of bank and agency use.</li> <li>• A breakdown for agency type and bank usage, is attached at Appendix C</li> <li>• The number of falls has increased in some areas, while Leominster Community Hospital particularly has seen significant improvement following a number of key actions. Given the increase and spread of incidents across the Trust, a full report is due to the Quality Committee in May.</li> <li>• A decrease in drug errors and missed medication incidents has been reported this month.</li> <li>• A review of the Nurse Sensitive Indicators for 2016/17 is underway.</li> <li>• A safer staffing review is underway, from the previous exercise in November 2015.</li> </ul>			
<b>3.1 Introduction</b>			
<p>Overall there has been another slight improvement with fill rates for March, (Appendix A). The majority of wards show a shift fill rate of above 90% (58 shifts in total). Of these 55 shifts 30 of them showed a fill rate that exceed 100% predominantly with care staff, due to difficulties in filling RGN gaps and an increased number of high dependency patients.</p>			

6 wards have a fill rate that sits between 80% and 90%, with some wards showing amber across the shift spectrum (Children's ward and Redbook ward) This is an increase on last month. 3 inpatient areas report a fill rate below 80% similar to last month (Wye ward, Lugg ward and Hillside Community Hospital). This is a slight improvement on last month and the red shifts are for RN only.

Again the red and amber fill rates are a combined result of high vacancy rates and last minute sickness. Although every attempt was made to back fill these shifts with bank and agency staffs, staff were not always available. In order to ensure patient safety, additional HCA's were placed in these areas to support the nurse workload. This is reflected in the overfill rates reported in care staff on these wards. Added to this, the month of March was very challenging in regards to staffing following a significant increase on demand which placed the Trust at level 4 escalation on a number of occasions.

### **3.2 Nurse Sensitive Indicators (NSI) - acute**

Although there has been an improvement in some NSI, particularly with drug errors and missed medications.

#### **3.2.1 Pressure Ulcers**

There were 2 internal reportable and no external reportable pressure ulcers in the Trust this month. Both are currently under investigation, via a root cause analysis. The Quality Committee received an overview report in April, outlining the work to date around pressure ulcer prevention. The majority of grade 3 & 4 pressure ulcers remain in the community setting, overall the trust is not an outlier in regards to overall numbers but improvements around prevention and education continue.

#### **3.2.2 Slips, Trips and Falls**

There has been an overall increase in slips, trips and falls this month (although some areas have shown a slight improvement). A total of 60 falls were reported in March and this has increased to 77 this month (April). Ross Community Hospital reported 10 falls and Arrow 8 falls. Further investigation will determine if staffing played a contributing factor. A detailed report is expected at the Quality Committee in May to review trust wide progress around prevention of harm.

Leominster Community Hospital has seen another significant reduction in the number of slips, trips and falls this month. This is following focused work the ward manager instigated in February. This included addressing slips, trips and falls in all ward meetings over the past number of months, alongside inclusion in the ward newsletter. The hospital has also bought more sensor mats, organised face to face training and encouraged every member of staff to complete the e-learning for falls.

All the falls have been reviewed by the respective ward managers and action plans put in place. The ward managers have agreed to share the learning at their ward meetings and the Nursing Forum, which meets monthly.

#### **3.2.3 Drug Errors**

Whilst the majority of areas had no reported drug errors this month, overall there has been a significant decrease in drug errors (3) down 7 from last month. There was no patient harm from these 3 events.

#### **3.2.4 Missed Medication Incidents**

There has been a decrease in the number of missed medication incidents this month (-3). All the nurses involved are currently undertaking reflective practice and again no harm was caused to patients.

### 3.3 Nurse Sensitive Indicators (NSI) – community

Included in this month's report is the NSI for community services (Appendix B). School Nursing and Health Visiting NSIs were green across all areas. However Neighbourhood Teams were green for complaints but triggered amber in both drug errors and missed medication incidents (1 drug error and 1 missed dose in East District). There were 7 internally reportable pressure ulcers across City, East and West districts and 1 external reportable pressure ulcer in City District. These are currently under investigation as part of the SIRI process.

### 4.0 Conclusion

Staffing overall remains a challenge given the level of vacancies & sickness; this has recently been compounded by our numbers of leavers. Our recent recruitment strategies have paid some dividends, across the band 2-5 workforce and more detailed work around retention strategies requires further business planning, finance and benefits realisation information before progression.

Work has commenced on the exit interview questions, to help support more detailed analysis of the reasons for leaving.

While there are variable results across the nurse sensitive indicators, there is evidence to reflect improved compliance and clinical practice across the Trust.

4.

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5. 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