

Report to:	Trust Board Meeting "in public"	Agenda item:	10
Date of Meeting:	26 May 2016		
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:	Denise Price , Interim Director of Nursing		
Author:	Helen Byard, Deputy Director of Nursing		
Appendices:	Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – April 2016 Appendix B – Nurse Sensitive Indicators including School Nursing , Health Visiting and Neighbourhood Teams April 2016 Appendix C – Bank and Agency Usage		
1. Purpose of the report			
To inform the Trust Board of the ward areas that did not meet the expected staffing requirements in April 2016. This relates to Board Assurance Risk Number 417. Risk to recruitment of new staff and retaining current staff.			
2. Recommendations			
The Trust Board is asked to note the content of the report.			
3. Summary of Key Issues for noting.			
Key points to note; <ul style="list-style-type: none"> • It has been challenging to comply with a 90% fill rate for Registered Nurses in April 2016. • 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. • RN shifts for Wye ward, Lugg ward, Redbrook ward; Hillside and Leominster Community Hospitals, remain challenged. • Bank & agency spend has increased significantly for the month of April, contributing to an over establishment of (23.61 wte in month). • A breakdown for agency type and bank usage, is attached at Appendix C • The number of slips, trips and falls is flagging amber and red across all the main wards both county and community. A further report will be completed. • A full review of the nurse sensitive indicators; safer staffing and fill rates will be undertaken over the next four weeks to provide a focus on patient outcomes in future reporting. A trend analysis report is required. 			
3.1 Fill Rate – Staffing: Nursing, Midwifery and Care Staff			
The six wards who have struggled to meet a fill rate above 90% for registered nurses for the day shift are children's ward; Lugg Ward; Wye Ward; Hillside; Leominster and Redbrook. This has been mitigated with a greater than 100% fill rate on care staff. (Appendix A). That said in some clinical areas the fill for both RGN and HCA's exceeded 100% for one shift.			

3.2 Nurse Sensitive Indicators (NSI) – acute and community

9 of the areas reported variance in 3 or more of the Nurse Sensitive Indicators for the month of April. This includes Frome Ward; Gilwern Assessment Unit; Lugg Ward; Emergency department; Arrow Ward; Leadon Ward; Monnow Ward; Daycase/Endoscopy; and the children's ward.

Currently the information available does not enable this information to be used to report any impact on the overall outcomes for patients. This will be explored over the next few months to provide a focus on patient outcomes in future reporting.

Also included in this month's report is the NSI for community services (Appendix B). School Nursing, Health Visiting and Neighbourhood Teams all identify issues with the Friends and Family Recommendation percentage and improvements on how to improve this will be discussed this month.

3.2.1 Pressure Ulcers

There were 4 internal reportable and no external reportable pressure ulcers in the Trust this month. All are currently under investigation, via a root cause analysis. There were no reportable pressure ulcers for the community teams.

3.2.2 Slips, Trips and Falls

There was a total of 70 Slips, trips and falls events which continue to raise concern. Ongoing actions to reduce the risk for the higher risk patient groups particularly in the areas where factors such as ward configuration compound the resolutions to reduce the risk. For example Hillside has 22 single rooms and had a total of 9 falls in month – 8 of the patients who sustained a fall were on a programme of rehabilitation and had capacity but visibility of the patients is difficult. Senior nurse discussion will take place this month.

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

There were no drug or missed medication incidents reported for the community hospitals this month. However on the county hospital site, 9 out of the 19 areas reported a total of 12 drug error incidents. There was no patient harm from these events.

3.2.4 Missed Medication Incidents

There were 12 reportable missed medication incidents with 3 of these occurring on Frome Ward. Two missed medication incidents were reported for the NHT, and all the nurses involved are currently undertaking reflective practice as per policy.

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.

There is currently no clear trend analysis for this reporting, linked to patient outcomes, this will be considered over the next four weeks with the support of the Interim Head of Governance.

4. For further information or any enquiries relating to this report please contact:

Helen Byard, Deputy Director of Nursing helen.byard@wvt.nhs.uk

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**