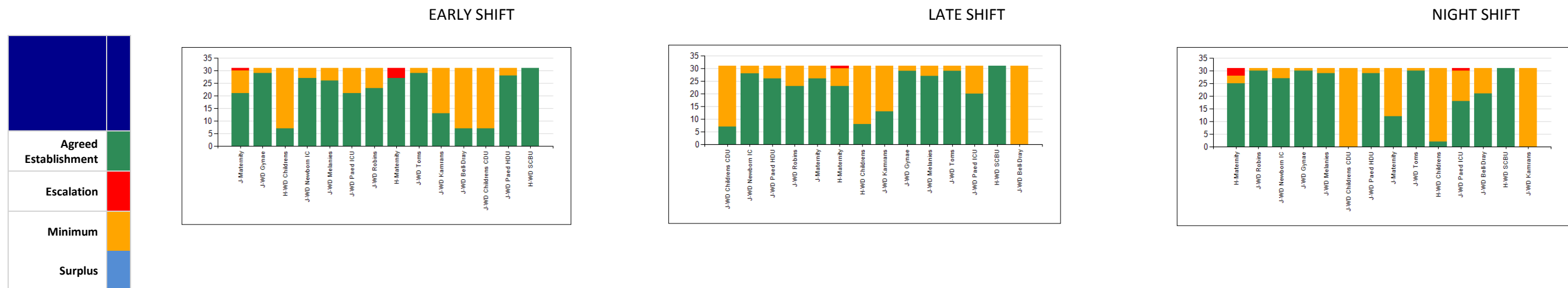


Appendix 3A

	C&W			Trust		
	November 2015	December 2015	January 2016	November 2015	December 2015	January 2016
Total Funded WTE	767.2	767.2	767.2	2964.7	2967.7	2963.3
Vacancy %	5.5%	6.2%	6.5%	5.5%	6.6%	6.4%
Sickness %	4.7%	4.6%	5.3%	4.4%	4.2%	4.6%
Maternity/Adoption Leave %	4.6%	4.9%	4.5%	3.1%	4.2%	3.2%
Agreed Staffing Levels %	86%	65%	69%	78%	75%	76%
Total number of Medication Nursing Administration Errors or Concerns.	23	19	10	71	65	61
Total numbers of Hospital Acquired Pressure Ulcers	4	1	2	92	86	73
Total Number of Avoidable Grade 3-4 Hospital Acquired Pressure Ulcers.	2	0	1	6	7	4
Extravasation incidents	4	1	5	6	25	9

January 2016 Safe Staffing by inpatient wards for C&W division.



Divisional Nurse Narrative:

Escalation: PICU – staff moved in order to mitigate escalation shifts and agency utilised, although greater numbers of bank staff taking up shifts due to incentive scheme; **Robins Ward** – staff moved/ beds closed in order to support the staffing on the ward; **HGH Childrens Ward** – long term 4 beds closed due to staffing levels.

Reported medication errors are being monitored to and extravasation injuries have been investigated, however were found not be directly related to staffing pressures. Matrons and sisters have worked within the staffing numbers to assist the wards through December and January. Horton Childrens ward have had particularly high and consistent levels of minimum staffing, due to high levels of long term sickness which has decreased their nurse to patient ratio, requiring 4 bed closures to mitigate the safe staffing levels.

The Safer Nursing Care Tool for Children's acuity and dependency is expected to be published very soon, but the Trust will utilise it earlier to assist in understanding the details supporting the staffing levels.

Maternity – an escalation process is in place to cover periods of high activity/staffing issues. If there are available staff in the individual maternity units they are moved to cover the areas with reduced staffing. At night there are on call midwives available and as clinically indicated community midwives are called to cover alongside the Midwifery Lead or Consultant led units. Women can be asked to move to either the JR or HH if the activity is high on a particular site.