

Report to:	Trust Board Meeting "in public"	Agenda item:	16
Date of Meeting:	29 January 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:	Michelle Clarke, Director of Nursing & Quality		
Appendices:	Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – December 2014 Appendix B – Nurse Sensitive Indicators 2014-15		
1. Purpose of the report			
To inform the Trust Board of the ward areas that didn't meet the expected staffing requirements in December 2014, noting that this report was discussed in full at Quality Committee on the 22 January 2015.			
2. Recommendations			
The Trust Board 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 etc.) as well as patients requiring non-invasive ventilation care on AAU.</p> <p>Fill rates have been low in some areas, the lowest being Leominster Community Hospital at 72% for Registered Nurses during the day, but not to the extent of previous months, but have been supported by additional Health Care Assistants. The lowest at the County Hospital was Lugg with 75% for Registered Nurses during the day.</p> <p>Vacancies remain a challenge on medical wards at the County Hospital, but due to the patients requiring additional care this does not necessarily reflect in the fill rates. Lugg and AAU have the highest number of vacancies, currently at 7 WTE. Block bookings of 2 agency nurses per ward in these areas have been made to ensure some consistency.</p> <p>There have been 2 falls resulting in a serious injury in December. These 2 falls that resulted in a fracture were on Arrow ward and Bromyard, both during the night. RCA's are being undertaken. There has been an increase in falls on AAU, Ross, Leominster and in particular Hillside. On early review AAU has not identified any particular cause.</p> <p>Ross- had an increase in dementia patients with delirium compounded with chest infections, which increased the number of confused patients.</p> <p>Leominster – one individual accounted for 5 of the falls, but it was identified that this individual often slept on the floor at night in their own home, so a high/low bed was put in place and one to one care at night.</p> <p>Hillside have the issue of all rooms being side rooms, so increased more one to one care for those who were at risk of falls overnight. In one of these cases one patient had vision problems and another patient was a frequent faller so accounted for more than one fall. Lugg has seen a decrease in the number of falls.</p>			

Lugg ward will be piloting the use of a full time physio assistant in a different role to support the staff in mobilising patients out of bed and assessing their mobility. This starts at the end of January and will be evaluated.

As of the 12th January Lugg, Arrow and Ross are piloting new falls paperwork as this has been identified in RCA's as too repetitive and not simple to use. If this is successful this will be rolled out across the rest of the organisation.

Having undertaken a benchmark analysis with a similar sized organisation that includes community hospital beds for 2014 data, we have significantly less falls compared to a similar sized organisation.

We have been unsuccessful in attracting any applicants nationally to the Band 6 post on Lugg ward. This is being re-advertised now as well as a conversation with Gloucestershire NHS Foundation Trust to see if any staff there would like a secondment opportunity. Worcestershire NHS Trust has already been contacted, but no one identified.

People on the move process for Band 5's has started in January in an attempt to keep some stability in teams. This is not without its problems but I am confident once it gets embedded it will be successful.

Agree additional actions from Quality Committee.

- **Review medication incidents from areas where a high number of incidents and identify any themes**
- **Report in future on staffing sickness in to Nurse Sensitive Indicators**

4. Reference to previous reports

June/July/August/September/October/November/December 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