

TRUST BOARD MEETING

Report to:	Trust Board	Agenda item:	11
Date of Meeting:	26th February 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 – January 2015 Appendix B – Nurse Sensitive Indicators January 2015		

1. Purpose of the report

To inform the Trust Board of the ward areas that didn't meet the expected staffing requirements in January 2015. This paper was for information at the January Quality Committee.

2. Recommendations

The Trust Board are asked to note the content of the report.

3. Summary of Key Issues for discussion

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.

Fill rates have been low in some areas, the lowest being Wye Ward at 72.5% for Registered Nurses during the day, supported by additional Health Care Assistants. 3 areas have also been below 80% - Lugg, Leominster and Teme.

Lugg and AAU have been placed on the risk register due to the high number of vacancies.

There has been a slight increase in falls on AAU, Lugg and Wye and a reduction at Community Hospitals.

Lugg ward have commenced the pilot of the full time physio assistant. Early indication is that the role is having a positive impact. It should be noted that there was an increase in falls on

Lugg in January, but the role had not begun and this may not necessarily see a complete reduction in falls due to the very nature of patients on Lugg ward.

There has been a marked decrease in the number of drug errors compared to the previous month. On review of the December Medication Incidents, as requested by the Quality Committee, the main issue is medications not being administered, with 7 incidents being contributed to Frome ward. All patients that had missed doses did not come to harm. When reviewing Frome ward's January medication errors there has been a reduction from 10 in December to 4 in January, however they are all in relation to missed doses, again no harm has come to the individual patients. Further work is being undertaken with this ward and spot checks being undertaken.

Having reviewed the falls data, most of these are unwitnessed falls, and so cannot determine if they actually fell or slipped to the floor. None of these patients have come to any harm. On review of Frome ward, 7 of these were unwitnessed falls. As part of the falls task group an action was to ask the shop at the County Hospital if they would sell appropriate slipper wear. This has proven beneficial, 100 pairs of slippers have been sold since October 2014.

4. Reference to previous reports

June/July/August/September/October/November/December 2014/January 2015 Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing. Additional actions from Quality Committee.

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)

Adult and Child Safeguarding

Patient, Public and Stakeholder involvement

