

<b>Report to:</b>	<b>Trust Board Meeting “in public”</b>	<b>Agenda item:</b>	<b>16</b>
<b>Date of Meeting:</b>	<b>30 April 2015</b>		
<b>Title of Report:</b>	Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)		
<b>Status of report: (decision and approval, position statement, information, confidential discussion)</b>	Information		
<b>Lead Executive Director:</b>	Michelle Clarke, Director of Nursing & Quality		
<b>Author:</b>	Michelle Clarke, Director of Nursing & Quality		
<b>Appendices:</b>	Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – March 2015 Appendix B – Nurse Sensitive Indicators March 2015		
<b>1. Purpose of the report</b>			
To inform the Board of the ward areas that didn't meet the expected staffing requirements in March 2015.			
<b>2. Recommendations</b>			
The Board are asked to note the content of the report.			
<b>3. Summary of Key Issues for discussion</b>			
<p>There are a number of shifts where there has been an overfill of additional staff.</p> <p>Fill rates have been low in some areas, the lowest being in the Community Hospitals. Hillside has been reconfigured as a Community Hospital and the transition has identified some gaps which are being supported by additional Health Care Assistants (HCA). Leominster Community Hospital has experienced gaps in Registered Nurses due to sick leave and unexpected unpaid leave. Redbrook Ward has had a low fill rate of qualified nurses at night; this was supported by HCA and a reduction in beds due to Norovirus.</p> <p><u>Slips, Trips and Falls</u> There has been a significant reduction in falls on Frome from 12 in January to now, 1 in March. Lugg has seen an increase but this is under review; a clear focus is on the use of bed rails in some instances but not all. There has been an increase in slips, trips and falls in Community Hospitals. All actions were in place that should have been. The Community Hospitals are currently piloting hi-low beds and other pressure monitor relieving equipment. A National Falls Audit is taking place in May with the report due nationally in September.</p> <p><u>Complaints</u> There have been 2 on Lugg and these are currently being investigated.</p> <p><u>Drug Errors</u> There has been a small increase in drug errors on Frome, Leadon and Lugg Wards compared to the previous month.</p>			

### Infection Control

As reported in last month's paper Redbrook has a number of Cdiffs. Redbrook continues in an enhanced review period, targeted training has been put in place with regards to IPC measures. As at writing the report no Cdiffs have been identified in April on Redbrook.

### To Note

It is worth noting that March was a particularly challenging month with wards closed due to Norovirus, Level 4 and a higher number of patients

The six monthly Staffing Review is underway and will be reported at the Trust Board in May.

Four additional Band 5's from other wards are being temporarily moved to Lugg ward to support there in terms of seniority for the next three months until additional new staff start.

To note a recruitment day was held on Saturday 18 April 2015. 40 people attended, of which 17 were wishing to return to practice, 10 from overseas and the remaining working in care homes or student nurses due to qualify in September and considering WVT as employer of choice.

### **4. Reference to previous reports**

Monthly reports since June 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](mailto: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**