

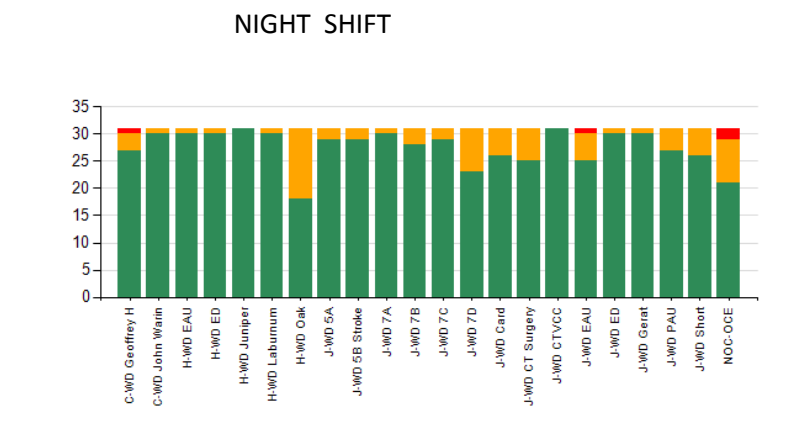
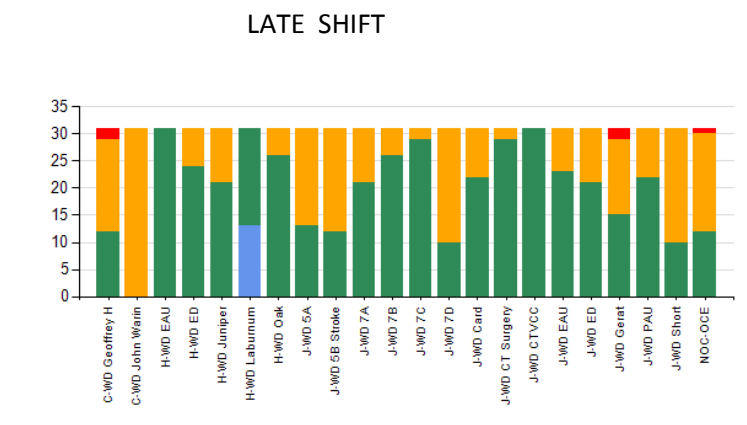
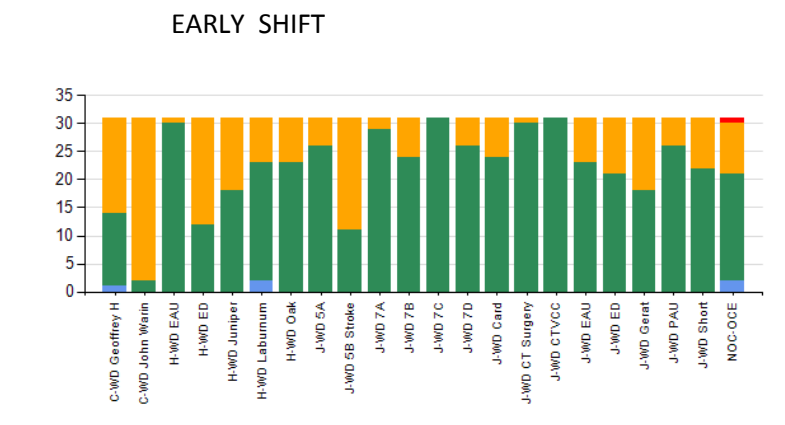
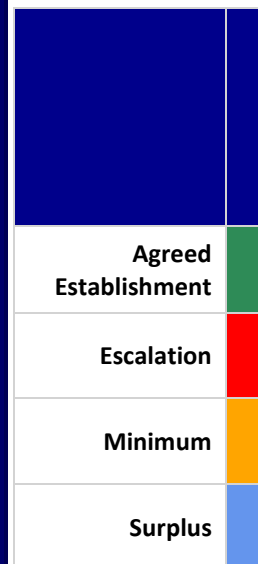
**Medicine, Rehabilitation & Cardiac Division, (MRC), Safe Staffing Dashboard Inpatient Areas Only**

**Trust Board Quality Report July 2015**

**Appendix 4C**

MRC	MRC			Trust		
	March 15	April 15	May 15	March 15	April 15	May 15
Total Funded WTE	899.54	893.84	893.84	2946.55	2901.1	2953.1
Vacancy %	12.4%	11.6%	11.3%	12%	11.6%	11.3%
Sickness %	4.8%	4.97%	4.68%	4.2%	4.14%	4.21%
Maternity/Adoption Leave %	2.7%	2.68%	2.41%	3.4%	3.3%	3.3%
Agreed Staffing Levels %	58.7%	66%	75%	62.7%	71%	73%
Total number of Medication Nursing Administration Errors or Concerns.	16	17	24	62	60	70
Total numbers of Hospital Acquired Pressure Ulcers	44	28	47	94	74	108
Total Number of Avoidable Grade 3-4 Hospital Acquired Pressure Ulcers	0	1 Unconfirmed at time of reporting	3 Unconfirmed at time of reporting	1	3 Unconfirmed at the time of reporting	8 Unconfirmed at the time of reporting
Total Numbers of Falls	135	146	115	215	234	190
Falls with moderate, major or catastrophic harm	1	3	0	3	4	2

**May 2015 Safe Staffing by Inpatient ward for MRC division.**



**Narrative** The number of nursing vacancies means that safe staffing is maintained using a combination of NHSP bank and agency. However the divisional turnover rate (averages at mid-20% ) continues to be a challenge especially with band 5 staff nurses. The division continues to run on high levels of minimum staffing. This has improved in the month of May although the levels of skill mix are not reflected here as high levels of temporary staff are counted in these figures. The division is encouraging staff to increase their culture of reporting medication incidents, however in recent months there has been a notable improvement in reporting and a decrease in the number of medication incidents with harm. There is an on-going educational programme which includes the SKINS care bundle, and a focused approach by the Tissue Viability Team working with clinical staff on a joint action plan in the division with regard to decreasing the levels of hospital acquired pressure ulcers. There have been an increase in the amount of falls in MRC in April and May. This pertains mainly to high risk patient groups in Gerontology and Acute General Medicine, where there have been higher levels of minimum and escalated shifts in May. The 'Fallsafe Care Bundle' is in place but senior nursing staff are ensuring this continues to be adhered to. The escalated shifts have been addressed through moving staff from shift to shift between wards and divisions in order to achieve safe cover, however the 'agreed' levels of staffing have improved in May in most areas, partially due to the EU recruitment programme.

**NB:** These figures relate to selected inpatient areas against specific indicators that are being monitored as nursing sensitive. The figures presented are accurate as of the date the information was retrieved from Datix (on 20<sup>th</sup> of the month). Any changes to the record after these dates as a result of ongoing review or investigation may not be reflected in figures retrieved after the Safe Staffing cut-off or elsewhere (i.e. Divisional Quality reports). Please note the data represents the total count of incidents observed that meet the indicator criteria for the given period, similar indicators that are constructed/reported differently will not match the figures reported here. Full specification details are included with the Safe Staffing reports.