Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors

Report

Subject: Nurse Staffing Report
Date: 30th July 2015
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Executive Summary

In line with national guidance published in May 2014 the Board of Directors receive a monthly nurse and midwifery staffing report of which:

- Provides detailed data analysis on a shift by shift basis of the planned and actual staffing levels across all in-patient wards
- Includes an exception report where the actual nurse staffing levels have either failed to achieve or have exceeded agreed local staffing thresholds.
- Triangulates the actual nurse staffing levels reported against a number of pre-determined patient outcome measures in order to evidence whether patient harm events have occurred as a result of nurse staffing issues being identified

In her letter to Directors of Nursing dated 11th June 2015 Jane Cummings sets out the following;

- the guidance already issued by NICE 'safe staffing for nursing in adult inpatient wards in acute hospitals' (July 2014) and 'safe midwife staffing in maternity settings' (January 2015) will continue, with the next phase of this work looking at new care delivery areas

The *overall* nurse staffing fill rate for June 2015 was 106.12% (103.79% May); this figure is inclusive of Registered Nurses / Midwives (RN/M) and Health Care Assistants (HCA) during both day and night duty periods. In June, 4 wards (3 wards in May) recorded a RN fill rate of less than 90%. This includes Ward 33 who have been undergoing a planned reduction in beds and a matched reduction in staffing, as the Division worked towards a full ward closure in July. There has been a reduction in the number of overfills for HCAs (both days and nights) for the 3rd consecutive month. Of the 15 medical wards at KMH, there were 8 overfills on nights (10 in May) and 5 overfills on days (6 in May). This has been achieved by a robust approach to assessment and re-assessment of patients who require Enhanced Observation.

Sconce ward at Newark has continued to maintain the reduction of 10 beds due to the staffing vacancy gap within this area. This reduction has enabled the number of RNs at night to be increased to 3, to ensure safe staffing levels within budget (in line with 'Keogh' recommendations and our other inpatient wards). This bed reduction and increased staffing has had a positive impact on reducing the number of falls, including falls with harm, for 2 subsequent months.

The 5 adult surgical wards within PC&S continue to adapt and enhance the way they work together to provide support and staff (where required/possible) as a joint enterprise. As part of the joint working approach, the team of ward leaders decided to cohort many of their patients who required 'enhanced care', wherever possible and sensible. They share and compare their staffing rotas and work to ensure that as many gaps or shortfalls as possible are met from within the 5 wards.

The workforce tool of choice for maternity staffing is birth rate Plus which gives an overarching view of staffing - an optimum ratio is 1 registered midwife for every 28 births (1:28). For June the midwife to birth for funded establishment was 1:28.5 and 1:30 in post. The current gaps are 3.4 wte. Community midwives and 3 wte. in-patient/acute midwives – all of these vacancies have either been filled or are in the midst of active recruitment.

Recruitment in Children's Nursing remains a challenge, nationally and locally. The remit and role of the reception team has been widened, and a review of the support role of the HCA in children's nursing is underway – it is anticipated that both of these developments will release time to care for RNs.

Detailed data analysis of the correlation between actual nurse staffing fill rates and patient outcomes (Appendix 1) shows there is a continued improvement in the number of medication related incidents reported - 31 for June (59 in May).

Recommendation:- The board are asked to

- Note the outcome of the UNIFY submission
- Note the reduction in harms
- Understand that mechanisms are in place to manage the current risk in relation to nurse staffing.

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute services	**To provide efficient and cost-effective services and deliver better value healthcare**
To reduce demand on hospital services and deliver care closer to home	

How has organisational learning been disseminated	The paper compiled in collaboration with Divisional Matrons and Matrons. The final paper is disseminated to Divisional Matrons and Matrons
Links to the BAF and Corporate Risk Register	Principle Risk 1:- Inability to maintain the quality of patient services demanded. Failure to maintain staffing levels that reflect the needs of patients and are sufficiently flexible to support variability in demand.
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Heavy reliance on Bank, Agency and Locum staff to sustain staffing levels
Links to NHS Constitution	
Financial Implications/Impact	Increase in agency expenditure to cover enhanced observation shifts
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	N/A

Committees/groups where this item has been presented before	The content of the paper are discussed at Nursing Workforce Development Group on a monthly basis
Monitoring and Review	Monthly review
Is a QIA required/been completed? If yes provide brief details	Yes for bed reduction plans