

Board of Directors

Report

Subject: Nurse Staffing Report

Date: 25th June 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

This month has seen NICE suspend any further work on safe staffing following the Chief Executive of the NHS England speech announcing that he had asked Jane Cummings Chief Nursing Officer to incorporate safe staffing work into the NHS England's reviews of urgent and emergency care, maternity and mental health services.

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 May 2015 was recorded as 103.79% (102.9% April). Of the 30 wards surveyed a total of 3 wards (4 wards in April) recorded a Registered Nurse fill rate of less than 90%; this is a slight improvement from last month. Detailed data analysis of the correlation between actual nurse staffing fill rates and patient outcomes (Appendix 1) shows a continued improvement in the number of medication related incidents reported 59 for May (78 in April). There also continues to be a steady and sustained reduction in falls resulting in moderate harm, with only 3 being reported for May (4 in April)

For maternity staffing the optimum ratio as described by Birthrate Plus® is 1:28. Within Sherwood Forest Hospitals for April 2015 the funded establishment support a midwife to birth ratio of 1:27.6 due to vacancies of 4 wte community midwives and 2 wte acute hospital midwives this ratio has increased to 1:29. These vacancies are currently being recruited to bring the ratio back down to within optimum levels

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) | |
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| 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 | |

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| 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 |