

## Board of Directors

## Meeting

## Report

**Subject:** Monthly Nurse Staffing Report  
**Date:** Thursday 25<sup>th</sup> September 2014  
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### Executive Summary

This monthly report provides the Board with an update regarding nurse staffing ratios across the organisation and includes the UNIFY nurse staffing data submission, matron exception report and ward staffing information. In summary, the paper highlights the following key points:

- Whilst the overall average fill rates for RN's and HCA's exceeded the required 90% threshold; it does however illustrate a significant increase in HCA utilisation during night periods. The design of the hospital (50% side rooms), the dependency and acuity of the patients in our beds and the 'risk averse' culture of some of our teams leads to requests for additional staff to support enhanced observation.
- A total of 6 wards / departments failed to achieve the 90% threshold and in the main is attributable to fluctuations in acuity, dependency and activity in month.
- Triangulation of our nurse staffing levels against a number of quality and safety indicators / patient outcomes recorded in our Datix incident reporting system (Falls, nurse staffing levels and medication errors) evidences low levels of harm
- Escalation processes are in place to achieve and maintain safe levels of care via the Divisional Nursing, Duty Nurse Manager and On Call Teams.
- Whilst sickness and absence rates improved significantly in August (RN; 3.46% and HCA; 6.07% - the lowest reported figure for 17 months) there remains a heavy reliance on back and agency staffing solutions to maintain safe staffing levels across the organisation.
- The design of our wards, increased dependency and acuity of patients, as well as our high occupancy and activity levels are challenging our ability to sustain consistently staffed shifts throughout the Trust, albeit, this mainly relates to individual areas like the Neonatal Unit and EAU.
- Recruitment to vacancies within nursing remains a high priority with further overseas recruitment planned over forthcoming months

### Recommendation

To carefully note the information provided and the actions being taken daily to mitigate the risks. A more detailed establishment report will be presented at the October Trust Board. Staffing risks will be strongly reflected within the revised Board Assurance Framework

<b>Relevant Strategic Objectives (please mark in bold)</b>	
<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high quality care</b>	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

<b>Links to the BAF and Corporate Risk Register</b>	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5  Mortality on corporate risk register
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	Failure to meet the Monitor regulatory requirements for governance- remain in significant breach. Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	Potential contractual penalties for failure to deliver the quality schedule
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standard safety and care
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	This paper will be shared with the CCG Performance and Quality Group.
<b>Committees/groups where this item has been presented before</b>	A number of specific items have been discussed; Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group
<b>Monitoring and Review</b>	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes
<b>Is a QIA required/been completed? If yes provide brief details</b>	No