

Board of Directors Meeting Report

Subject: Nurse Staffing Report
Date: Thursday 26th March 2015
Author: Susan Bowler / Shantell Miles
Lead Director: Susan Bowler – Executive Director of Nursing & Quality

Executive Summary

This report provides an overview of the nursing and midwifery staffing position for February 2015.

The overall nurse staffing fill rate for February 2015 was recorded as 106.4%; this figure is inclusive of both Registered Nurses / Midwives (RN/M) and Health Care Assistants (HCA) covering both day and night shifts. Of the 31 wards surveyed a total of 3 wards recorded a Registered Nurse fill rate of less than 90%

Analysis of our planned and actual nurse staffing levels demonstrates that the majority of wards fulfil the required standards. Where it is identified that a clinical area has fallen below the required standard an exception report is generated by respective Divisional Matrons in order to gain a greater understanding of the reasons why this has occurred and to seek assurance that robust plans are in place to mitigate against further occurrences.

The establishment of a robust and formalised nurse staffing reporting mechanism in conjunction with and triangulation of the Ward Assurance Framework collectively provide a comprehensive overview of each ward. This rich data source enables the Divisional Matron (DM) and Matron, along with the Ward Sister / Charge Nurse to focus attention and resources on clinical areas that may require additional support or escalation.

As the Trust continues with managing the additional capacity as part of the winter plan, there will be a greater strain placed on the capacity of our nurse staffing workforce and flexible staffing service. During February additional bed capacity remained open across a number of areas in order to address an increase in non-elective activity / admissions to the trust.

Governance arrangements have recently been implemented in light of the commissioning of additional bed capacity in order to efficiently and effectively identify and address shortfalls. The reliance on temporary staffing solutions is still occurring and continues to be an operational challenge within the organisation, however is being managed consistently and equitably across the nursing workforce.

A number of wards are currently in the process of transitioning to the revised nursing establishments as agreed within the first milestone of the investment programme. This has resulted in a number of Registered Nurse under fills and Health Care Assistant overfills being reported during this transition period.

The inpatient wards, in particular medicine are particularly reliant on the use of bank and agency nurses to bridge gaps. This risk is managed consistently by the ward sisters and matrons to ensure staffing risks are mitigated. On-going recruitment to posts is continuing at pace.

Recommendation

The Board are asked to:

- Note the outcomes of the UNIFY submission

- Understand mechanisms are in place to manage the current risk in relation to nurse staffing

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF1.0,
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	Failure to meet the NICE guidance and the opportunity to be removed from 'special measures' Risk of being assessed as non-compliant against the CQC essential standards for staffing.
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Indirect financial implications – patients not being referred to SFH or not choosing SFH as a consequence of poor patient experience. NHSLA and Ombudsman implications – gratuity payments
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	Unify data is monitored by CCG and NHS England
Committees/groups where this item has been presented before	Nursing workforce group.
Monitoring and Review	Staffing is monitored shift by shift and recorded x 3 daily
Is a QIA required/been completed? If yes provide brief details	No