

Board of Directors Meeting Report

Subject: Nurse Staffing Report
Date: Thursday 27th November 2014
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Executive Summary

This report provides an overview of the nursing and midwifery staffing position for October 2014. It includes retrospective data analysis on a shift by shift basis of the planned and actual nurse staffing levels across the organisation and includes rationale and mitigation where clinical areas have not achieved the required fill rate threshold.

The report forms part of the organisations commitment to providing open and honest care through the publication of this data on the trust website and formal data submission via UNIFY which is published on the NHS Choices website.

Analysis of the nurse staffing fill rates clearly evidences that overall fill rates are broadly within the agreed parameters with the exception of 5 wards that failed to achieve the 90% fill rate threshold in month. Of those areas Ward 22 and Lindhurst recorded a Registered Nurse fill rate of 85.1% and 73.8% respectively. The remaining areas NICU, In Patient Maternity and ICCU recorded Health Care Assistant fill rates between 83.9% and 87.1%.

Additional Health Care Assistant shifts were utilised in month across the main hospital site to support a number of wards within the Emergency Care & Medicine Division due to an increase in patient dependency requiring enhanced care and support, provision of nursing support to the Discharge Lounge and the temporary commissioning of additional capacity within the Emergency Assessment and Stroke Units.

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 plan. This has resulted in a number of Registered Nurse under fills and Health Care Assistant overfills being reported during this transition period.

During October a total of 137 Datix incidents were reported relating to falls, pressure ulcers, medication errors or staffing incidents. Of those incidents reported 8 had occurred within the wards that had fallen below the 90% threshold. Triangulation of the ward assurance information to the two wards that had fallen below the Registered Nurse fill rate threshold (Ward 22 and Lindhurst Ward) demonstrated positive outcome measures relating to pressure ulcers and serious incidents indicating the fall in fill rate has not adversely affected the quality metrics.

A comprehensive Registered Nurse recruitment strategy is currently on-going across the organisation to attract and recruit to vacancies, however in the interim there is reliance upon temporary staffing solutions to fill vacancies and meet the acuity and dependency requirements of patients within our care.

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	BAF 1.3, 2.1, 2.2 2.3,
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