Board of Directors
Meeting Report

Subject: **Nurse Staffing Report**
Date: **Thursday 30th October 2014**
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Lead Director: **Susan Bowler – Executive Director of Nursing & Quality**

Executive Summary

This report provides an overview of the nursing and midwifery staffing position for September 2014. The nurse staffing levels for September were uploaded onto UNIFY in line with the national deadline of the 15th September 2014.

Five inpatient areas had a fill rate of less than 90% and of those five areas, only the neonatal unit had a fill rate of less than 80%, which was related to Health Care Assistant (HCA) shifts. No inpatient area had a fill rate of less than 85% for Registered Nurses.
Additional Health Care Assistant shifts on night duty have continued to increase. Mansfield Community Hospital utilised a large number of these shifts. This was due to the transfer of an increased number of sub acute patients from Kings Mill Hospital and the increased demands in 1-1 care for a patient with mental health needs. This patient has been transferred to another location.

On 30th September 2014, all Kings Mill Hospital ward sisters were seen by the Director of Nursing and Director of Operations to reinforce establishment and rota controls and provide clarity in relation to the numbers and skill mix they are working within. Meetings with Mansfield Community and Newark Hospitals ward sisters are planned for the beginning of November. It is expected these measures will provide greater control.

There were a total of 91 Datix incidents related to falls, pressure ulcers, medication errors or staffing incidents. Three of these harm events (falls, pressure ulcers and medication incidents) occurred in wards that fell below the 90% threshold. Triangulating the ward assurance information with two wards (22 and 32) demonstrate positive outcome measures for falls, pressure ulcers and serious incidents, indicating the slight fall in fill rate has not adversely affected the quality metrics.
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 the matrons to ensure staffing risks are mitigated. Ongoing recruitment, including a recent visit to Ireland, is challenging but being proactively managed. This nurse staffing risk is recorded on the corporate risk register and will be included within the updated Board Assurance Framework.

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
- Receive a full six month staffing review in November

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 *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	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