

<b>Meeting Title</b>	Mid and South Essex Acute Trusts Board Meetings in Common (public session)		
<b>Meeting Date</b>	3 <sup>rd</sup> April 2019	<b>Agenda No</b>	16
<b>Report Title</b>	Safer Nurse Staffing		
<b>Lead Executive Director</b>	Diane Sarkar – Chief Nursing Officer		
<b>Report Author</b>	Diane Sarkar – Chief Nursing Officer		
<b>Action Required</b>	Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> ( <i>please tick</i> )		
<b>Background / Context</b>	<p>The National Quality Board (NQB) requires acute hospitals to undertake a monthly review of Nursing &amp; Midwifery staffing levels and to assure the Trust Board that all In Patient areas are safely staffed and appropriate action is taken to ensure high quality patient care is consistently delivered.</p> <p>MEHT has a registered nurse vacancy rate of 35% within the In Patient areas, and both SUHFT &amp; BTUH have 14/15% respectfully of overall registered nursing vacancies. Next month we will compare in patient areas to support direct comparisons.</p> <p>This paper provides details related to all three hospitals and triangulates staffing levels with Quality Metrics.</p> <p>In considering staffing levels and the impact on quality care it aims to demonstrate to the Board the effectiveness of the daily mitigation which takes place. Of note, the area with the highest vacancies at MEHT 81% for registered nurses had one avoidable pressure ulcer and one hospital acquired infection, at SUHFT with 39% vacancy rate the ward recorded one unavoidable pressure and despite 64% vacancy rate on Linford ward at BHRUT there were no adverse incidents or complaints in January.</p> <p>The paper also references Model Hospital data, Care Hours per Patient Day (CHPPD) as a single means of consistently recording, reporting and overseeing the deployment of staff.</p> <p>Model Hospital data does confirm that overall Care Hours per Patient Day is undistinguishable between MEHT &amp; SUHFT with a slight reduction at BTUH. It also allows us to see variation in utilisation of registered and non-registered staff. This paper highlights three comparable specialities, children's, trauma &amp; orthopaedics and in patient stroke care.</p>		
<b>Recruitment and Retention</b>	<p>Recruitment and retention of the nursing workforce remains an area of challenge and focus. Actions are taken daily to ensure high quality patient care is consistently delivered.</p> <p>More focussed work now reports into the newly created Workforce Board Sub-Committee</p>		

<b>Timescale for Benefits to be Realised</b>	Monthly / Ongoing
<b>Assessment of Implications</b>	
<b>Financial</b>	<p>Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? <b>Potential</b></p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? <b>No</b></p> <p>If yes, can these implications be <u>fully</u> covered by existing budgets? <b>N/A</b></p>
<b>Risk</b>	<p>Deterioration in quality of patient care</p> <p>Increased regulation non compliance</p>
<b>Equality and Diversity</b>	This proposal has been subject to an equality analysis and there are no implications for groups with protected characteristics
<b>Freedom of Information</b>	<p><i>No exemptions apply (i.e., information is in the public domain)</i></p> <p><i>OR The following exemption(s) apply to this paper :</i></p>
<b>Recommendation</b>	<p>The Trust Boards of MEHT, SUHT and BTUH are invited to:</p> <ul style="list-style-type: none"> <li>• Note the report and actions being taken</li> </ul>