

Meeting Title	Board of Directors		
Date	13.9.18	Agenda item	Bo.9.18.37

NURSE STAFFING DATA PUBLICATION REPORT – JULY 2018

Presented by	Karen Dawber, Chief Nurse		
Author	Sally Scales, Deputy Chief Nurse		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This report provides an update on the mandatory nurse staffing data for July 2018, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013).		
Key control	This report is a key control for the strategic objectives to provide outstanding care for patients and to be in the top 20% of employers		
Action required	For receipt		
Previously discussed at/ informed by			
Previously approved at:	Committee/Group	Date	
	Quality Committee	29/8/2018	

Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for July 2018, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS Trusts are now required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS Choices.

Analysis

The average fill rates for Bradford Royal Infirmary, St Luke's and the Community Hospital sites are as follows

Date	Hospital	Day		Night	
		Average fill rate- registered nurse/midwife %	Average fill rate- care staff %	Average fill rate- registered nurse/midwife %	Average fill rate- care staff %
July 18	BRI	87.7%	97.1%	91.7%	112.1%
July 18	SLH	95.5%	99.3%	102.9%	100.8%

Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety and increased use of the Safecare tool to support decision making in relation to staffing. Where areas have identified a risk regarding staffing, mitigation is put in place and monitored, more detail is included in this paper for further openness and transparency. Overall there has been a small improvement in the fill rates resulting in a reduction in areas reporting less than 80% fill rates for the previous 3 months. Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce. The full report is provided in Appendix 1.

Recommendation

The Board of Directors is asked to note the mitigations which are in place

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: <i>Safe, caring, effective, responsive, well led</i>
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
▪	▪				