Six Monthly Safer Nurse Staffing Report – October 2015

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Six monthly Nurse Safer Staffing report (October 2015)

1. Purpose
This report serves as a six monthly review of safer staffing at the RUH and fulfils a requirement of the National Quality Board (NQB) expectations and NICE guidance (2014) that all NHS organisations take a six monthly report to their Board of Directors on nurse staffing levels.

The report provides summary details against the NQB requirements (appendix A), progress taken by the Trust to date and identifies any gaps and outlines further actions planned to be undertaken.

The report is to provide the Board with assurance about nursing safe staffing.

The Board of Directors will receive a similar detailed 6 monthly report about Midwifery staffing levels in November 2015.

1.1 Background
The Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry ‘Hard Truths – The Journey to Putting Patients First’ (DH 2013), was published in November 2013. In its executive summary the report highlights the importance of safe staffing and refers to the NBQ published guidance ‘How to ensure the right people, with the right skills, are in the right place at the right time’ which clarifies the expectation on all NHS bodies to ensure that every ward and every shift have the right number of nursing staff on duty to ensure that patients receive safe care. It requires Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

There are 10 expectations within the NQB guidance (appendix A) with three key reporting elements that the Trust is required to have in place:

- The clear display of information at ward level about the nurses, midwives and care staff present on each ward on each shift.
- The publication of ward level information on staffing requirements and if these are being achieved on a ward by ward, shift by shift basis through the publication of planned versus actual nursing and midwifery staffing levels.
- The completion of a detailed skill mix review which is presented to Board every 6 months.

Every ward has a ward staffing board which displays shift by shift level staffing numbers ‘planned versus actual’.

The Board receives regular monthly report on inpatient ward safer staffing levels ‘planned’ versus ‘actual’ detailing reasons why the inpatient areas are either under or over their planned staffing hours. The Board also receives a regular monthly report
which appraises the Board of wards which are requiring close monitoring and attention in the light of their staffing levels and quality matrices which flag on the Triangulation monthly report.

This report is a more detailed report with regard to nurse staffing levels and skill mix to provide the Board with assurance on safe nurse ward staffing.

2. The NQB expectations and Trust compliance

The NQB laid out its expectations of provider and commissioning organisations to publish nursing and midwifery staffing in their guidance called “How to ensure the right people, with the right skills are in the right place at the right time” and this is supported by the Chief Nursing Officer for England. There are ten expectations outlined in the publication, nine of which are relevant to provider organisations.

The NQB expectations are outlined with an update on our progress to date and any further actions required, in appendix A.

The key actions are outlined in this review and update are:

- Ward level ‘Red flags’ process to be implemented October 2015.
- Safer Nursing Care Tool (SCNT) staffing levels review (August 2015) to be reported to the Nursing and Midwifery Workforce Planning Group (NMWPG).
- SNCT to be undertaken again in January/February 2016.
- Scope the potential for electronic SNCT to be incorporated alongside our ERostering system which is due for retender 2016/17.
- Scope and plan how measuring and improving ‘Care Contact time’ can be introduced via the NMWPG.
- RUH Nursing and Midwifery Strategy being developed and to incorporate the revised National Nursing Strategy themes (draft due January 2016).
- RUH Nursing and Midwifery and Care Staff Workforce Strategy to be developed alongside the above strategy.
- New ward information Boards being developed for November 2015.
- EU recruitment campaign to recruit RNs in post from January 2016.
- Assistant Practitioner training programme planned for January 2016.

3. Guidance on Safer Staffing

NICE has produced guidance for safe staffing levels, this programme is currently paused following NHS England announcement in June 2015 but existing publications are still applicable:

<table>
<thead>
<tr>
<th>NICE guidance</th>
<th>Date active</th>
</tr>
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<tbody>
<tr>
<td>Safe Nurse Staffing of Adult Wards in acute Settings</td>
<td>July 2014</td>
</tr>
<tr>
<td>Safe Midwifery Staffing for Maternity Settings</td>
<td>27 Feb 2015</td>
</tr>
<tr>
<td>Safe Staffing for Accident and Emergency Settings</td>
<td>Expected May 2015 but</td>
</tr>
</tbody>
</table>
3.1 NICE: Safe Nurse staffing of adult wards in acute settings
A baseline assessment has been completed against the NICE guidance of which the Trust meets virtually all the standards.

A key action required is to implement ‘red flags’ as an alert for staffing levels on a shift by shift basis.

NICE has described ‘red flags’ as being events that prompt an immediate response by the Registered Nurse in charge of the ward. The response may include allocating additional nursing staff to the ward.

A ‘Red flags’ process has been developed and this is being presented at the Professional Nursing and Midwifery Forum with implementation by the end of October 2015.

NICE guidance also recommends that a ward staffing levels are reviewed at least every 6 months using an evidence based tool. The Trust uses a recommended tool called the Safer Nursing Care Tool (Shelford) and this review is completed 6 monthly.

The results of these review are presented to the NMWPG and used by the Heads of Nursing to determine staffing levels required to support patient acuity and dependency levels. Following the February 2015 SNCT review ward budgets in Medicine were adjusted to provide additional staff to William Budd ward.

3.2 NICE: Safe Midwifery staffing for maternity settings
The guideline identifies organisational and managerial factors that are required to support safe midwifery staffing, and makes recommendations for monitoring and taking action if there are not enough midwives available to meet the midwifery needs of needs of women and babies in the service.

Key recommendations include:
• Review and determine the Midwifery staffing establishments every 6 months
• Provide one-to-one care during labour

This guidance is currently being reviewed by the Head of Nursing for Midwifery who will report to the NMWPG and will update the Board against this guidance in a 6 monthly safer staffing report for November 2015.

3.3 NICE: Safe staffing for Accident and Emergency settings
This guideline has been 'on hold' following an announcement from NHS England.

The Emergency Department (ED) Matron has reviewed the preliminary guidance against the ED nursing staff levels to determine if there are any staffing issues that need to be addressed in preparedness for the guidance being published and early
indications were that a skill mix adjustment would be required to meet the recommendations for resuscitation, high care and paediatric minor’s areas.

The ED Matron has been requested by the Director of Nursing and Midwifery to aim to meet these provisional recommendations as best practice and the Matron will report back to the Director of Nursing and Midwifery with an update at their next 6 monthly Departmental staffing review meeting.

3.4 Safer Staffing: A guide to care contact time
The CNO for England have recommended tools to support the assessment.

Productive Series where nursing and other ‘activity’ is monitored and measured to determine what time is needed and what might be seen as not adding value. (Lean methodology). The guidance recommends that this is completed on every ward every six months; however this would require expertise and resource to undertake these assessments and many Trusts have yet to implement this guidance.

The Director of Nursing and Midwifery will review this guidance via the NMWPG and scope how care contact time could be introduced in the Trust and be meaningful, perhaps as part of the accreditation programme, to support our future plans with regard to quality and safe staffing.

4. Benchmarking data
The ward nursing staffing levels and skill mix are reviewed at least six monthly.

The wards’ skill mix is agreed for each early, late and night shifts for both weekdays and weekends.

The ratios are identified as ‘beds to Reg Nurse’ to establish the RN to patient ratio and also Registered to un-registered ratio (Appendix B).

NICE has recommended that the RN to patient ratio should not be more than 8 patients per RN during the day shift, as previous research suggests that the number of RNs to patients will affect patient outcomes. However, this research would not necessarily have taken into account changes in skill mix e.g. Band 4 Support Worker roles, or Discharge Coordinator and level of therapy resource available.

The is the same issue in relation to RN:HCA ratios, whereby the recommended ratio from the Royal College of Nursing guidance Safe Staffing Levels (2010) for RNs in general adult wards is 65%. However, changes in skill mix need to be considered e.g. Support worker roles, numbers of staff on duty and acuity and dependency levels for each ward which differ.

The average benchmark that Trusts allocate for a percentage of backfill costs in ward budgets is around 22% (annual leave, sickness, study leave). For this financial year the Trust reviewed the actual amount required for nurses in post and on the basis of this review reduced the backfill allowance from 22% to 20%.
It has been identified that the majority of nurses in the Trust have 29 days annual leave as opposed to 33 days for 10 years NHS service. However, the sickness allowance was increased from 3% to 3.5% which is more reflective of actual sickness rates.

4.1 Ratio of RNs to patients
The general ward staffing levels each shift and these ratios (Appendix B) have been produced for this financial year 2015/16. This data does not include critical care areas, medical and surgical assessment units, Maternity, Paediatrics’ and the RNHRD. NICE safe staffing levels guidance has yet to be produced for these areas, except for Maternity.

The RUH general wards Registered Nurse (RN) to bed ratio is predominately within the 1RN : 8 beds during the day shifts which meets the NICE recommendation of 1 RN to 8 patients. The one exception being Philip Yeoman ward, where the number of RN to beds ratio is 1RN to 10.8 beds on the late shift at the weekend only.

Philip Yeoman is an ‘elective only’ orthopaedic ward and therefore is able to plan for its workload and flex its nursing staff across the weekend to the planned activity which is lower at the weekend and often has empty beds.

The night shift has a lower ratio of RN to patients and across all the wards ranges from 1RN to 8 beds to 1RN to 13.5 beds. The benchmark at night for most acute Trusts tends to be around 1RN to 11 patients.

There is only one ward, Philip Yeoman Ward which has a ratio over 1RN to 11 beds at night, this being: 1RN to 13.5 beds. As with the day shift, this ratio reflects the patient case mix on this elective ward and their acuity and dependency which is lower at night.

4.2 Ratio of RN to Health Care Assistant (HCA)
The RN:HCA ratios have also been identified for each shift across both the weekdays and weekends (Appendix B). Not surprisingly the RN: HCA ratio differs from ward to ward as this reflects the case mix of patients, how dependent and acutely unwell they are, and the layout of the ward.

Most of the ward ratios of RN to HCA range from 66:34 to 50:50, however one ward is below <50% RNs (44%) on the late shift only, this being the Acute Stroke Unit (ASU). The rest of their shifts are 50:50 RNs to HCAs. Having reviewed the skill mix and the results of the acuity independence tool, ASU and the Head of Nursing for Medicine are satisfied with the level of staffing resource.

These ratios reflect additional investment (2014) where the ward budgets were increased to reflect the increased patient dependency. The additional investment provided an increased number of HCAs which lowered the ratio of RN to HCA as the number of nurses on the wards increased.

The CQC recently contacted the Trust following a report from an MP’s Constituent about concerns with the ASU nurse staffing levels and the impact on nursing care.
The Head of Nursing for Medicine has reviewed these concerns and provided a detailed report to the Director of Nursing and Midwifery and CQC in response to these concerns. The Head of Nursing did not identify any evidence following the review to suggest that inadequate care had been given. However, the Head of Nursing will be undertaking a further nurse staffing review following the SNCT data capture in August 2015 which reflects the acuity and dependency of patients and staffing required.

4.3 Assistant Practitioners Band 4
A number of wards, including the older person’s wards have recruited Assistant Practitioner roles at Band 4 to cover RN vacancies to provide a more consistent nursing team at a time when recruiting RNs is still challenging. This role has great potential and will be described in the Nursing and Midwifery Workforce Strategy being developed which will describe proposed future skill mix changes.

A cohort of 12 – 15 Assistant Practitioner trainees are recruited to a Training programme to commence January 2016 and a Project Lead and Trust-wide group will be set up to oversee the role development of Assistant Practitioners. This project will be monitored and evaluated via the NMWPG and reported to the Strategic Workforce Committee.

5. Nursing Vacancies and Recruitment and Retention
The NMWPG is a well-established and proactive group, chaired by the Director of Nursing and Midwifery. There is a recruitment and retention group chaired by the Head of HR and this is a sub-group of the NMWPG and this group provides an update regarding their action plan each month to NMWPG.

The recruitment and retention group have supported many successful initiatives to recruit RNs. However there is a national shortage of RNs against a background of a previous increase in RN establishments and an ageing workforce, the RN vacancies continue to be challenging and the gap has increased over the last 6 months (Chart 1 overleaf).

RN vacancies are currently (Sept 15) running at approximately 100 wte across the Trust with the highest number of vacancies being in the Medical Division at approximately 60 wte RN vacancies, although this figure is very fluid and does not include those appointed and waiting to start in the Trust. The key areas which had high vacancies currently are within the Older Person’s Unit wards, Haygarth and Respiratory wards, Medical Assessment Unit (MAU) and Forrester Brown.

Some examples of recruitment and retention initiatives which are in place are:

- Newly qualified RNs rotational schemes
- RUH Open days and attending University Recruitment fairs
- Return to practice programme and Return to acute care programme
- International recruitment EU (Spain and Italy)
- Increased practice learning facilitator resource to support newly registered staff and practice based programmes.
- New post for Recruitment and Retention nurse to work with Nursing and HR teams.

(Chart 1)

Whilst the gap between the contracted and budgeted wte is high for September we are in the process of recruiting newly qualified nurses into the Trust who complete their training from September, so it is expected that this will improve over the coming few months.

6. **Nursing workforce risks on the Trust’s Risk Register**
There are currently 15 nursing related risks on the Trust’s Risk Register and of these, 10 are recorded low risk and 5 are recorded as medium risk, these being:

ID: 943  Lack of staffing and equipment for HDU beds on Children’s ward
ID: 934  Nursing vacancies in the OPU wards
ID: 1008 Nursing vacancies on Haygarth ward
ID: 990  Nursing vacancies on Respiratory ward
ID: 907  Risk of not using off-Framework nursing Agencies

In relation to the risk with ID: 907 and off-Framework nursing agencies, this is particularly relevant due to the new Monitor rules and restrictions. The Trust is restricted to using agency nurses from agreed Framework agencies from the 19 October 2015.

To mitigate against the risks of not having the ability to book off Framework Agencies, in particular for specialist nursing skills required for Critical Care and the Medical Assessment Unit, the Trust has applied for exceptions to these rules.
The risk around HDU provision in the Children’s ward is being addressed by the Women and Children’s Division who are developing a proposal and Business case to support this.

The other risks are in relation to nursing vacancies and this has been covered previously in this report under recruitment and retention.

6.1 Datix reports on ward nurse staffing levels

From October 2015 the number of Datix nurse staffing reports at ward level are now being captured within the Quality report on the Triangulation Chart. The staffing levels and Datix reports are then being critically analysed against the patient quality and safety matrices and any wards of note are reported to the Board within an exception report.

The Heads of Nursing and Midwifery have also undertaken a six monthly ‘deep dive’ review of nurse staffing Datix reports at divisional/ward level in June 2015. This review was presented to the NMWPG, Operational Governance Committee and will also be presented to the Professional Nursing and Midwifery Forum and at the Divisional Governance meetings.

The main findings of the deep dive review were:

- The majority of Datix reports reported no harm to patients
- The majority of Datix reports were graded as insignificant
- There were no Datix reports reported as being major harm or high risk
- The highest number of Datix reports were over the peak holiday periods and days when the RUH is in escalation with its bed capacity
- The highest reasons for Datix reports being submitted were for lack of suitably trained/skilled staff. This was primarily when a Registered Nurse vacancy against planned levels could not be filled
- The majority of implications which may have a detrimental effect on patients and staff were: delays in treatment and/or care, poor documentation, increased stress on staff and inability to take breaks.

It is planned that a similar review of Datix nurse staffing reports will be repeated every six months.

7. Nurse staffing expenditure

Chart 2 indicates the nurses in post and budget since September 2014/15. The nursing budget has slightly increased since April 2015 and there has been an increase in actual staff in post since April, albeit there is still a vacancy gap.

Staffing Solutions are consistently supplying Bank nurses and this has supported the drive to reduce Agency staff being booked.
The nursing and midwifery pay budget and expenditure by division for 2014/15 and 2015/16 are summarised in the table below.

The financial position on 31st March 2015 for nursing and midwifery expenditure was an overspend of £2.8m. Of which £3.1m was spent on agency expenditure.

### 2014/15

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>COMMERCIAL RESEARCH</td>
<td>0.80</td>
<td>1.54</td>
<td>0.74</td>
<td>65,476</td>
<td>52,255</td>
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<td>CORPORATE DIVISION</td>
<td>42.16</td>
<td>42.94</td>
<td>0.78</td>
<td>1,918,550</td>
<td>1,831,768</td>
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<td>MEDICAL DIVISION</td>
<td>821.24</td>
<td>823.32</td>
<td>2.08</td>
<td>27,400,036</td>
<td>29,334,106</td>
<td>1,934,070</td>
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<td>RESEARCH &amp; DEVELOPMENT</td>
<td>8.67</td>
<td>14.85</td>
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<td>388,168</td>
<td>485,551</td>
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<td>SURGICAL DIVISION</td>
<td>571.16</td>
<td>580.28</td>
<td>9.12</td>
<td>19,322,301</td>
<td>20,137,219</td>
<td>814,918</td>
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<td>WOMEN AND CHILDREN'S DIVISION</td>
<td>357.02</td>
<td>352.01</td>
<td>-5.01</td>
<td>12,804,639</td>
<td>12,893,759</td>
<td>89,120</td>
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<td><strong>Grand Total</strong></td>
<td><strong>1,801.05</strong></td>
<td><strong>1,814.94</strong></td>
<td><strong>13.89</strong></td>
<td><strong>61,899,170</strong></td>
<td><strong>64,734,657</strong></td>
<td><strong>2,835,487</strong></td>
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The position as of 2015/16 month 6 (table above) is an overspend position of £468,084 of which the majority of overspend is within the Surgical Division. The nursing overspend in Surgery is mostly within Critical Care and Theatres where staff have been booked to cover vacancies (agency and overtime) and the Surgical Admissions Unit which required additional staff to manage in periods of bed escalation.

For this year we are seeing a much improved position albeit there needs to be even greater budget management to address the overspend and achieve financial balance. To support this, the Director of Nursing and Midwifery and the Heads of Nursing are undertaking ward staffing reviews and meeting with individual ward senior sisters with their Matrons every six months.

7.1 Agency and Bank spend
The analysis of nursing agency, bank costs (Graph 1) demonstrates an overall downward trajectory in agency costs during 2014/15 with a slight increase in bank costs.

<table>
<thead>
<tr>
<th>Division</th>
<th>2015/16 Budgeted WTE</th>
<th>M6 2015/16 Worked WTE</th>
<th>Variance WTE</th>
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<tr>
<td>COMMERCIAL RESEARCH</td>
<td>0.80</td>
<td>1.98</td>
<td>1.18</td>
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<td>CORPORATE DIVISION</td>
<td>46.15</td>
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<td>MEDICAL DIVISION</td>
<td>857.97</td>
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<td>RESEARCH &amp; DEVELOPMENT</td>
<td>18.74</td>
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<td>SURGICAL DIVISION</td>
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<td>WOMEN AND CHILDREN'S DIVISION</td>
<td>369.70</td>
<td>348.22</td>
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<td><strong>Grand Total</strong></td>
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<td><strong>1,850.62</strong></td>
<td><strong>-7.00</strong></td>
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<table>
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<tr>
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<th>M6 2015/16 Budget (£)</th>
<th>Actual (£)</th>
<th>Variance (£)</th>
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<td>MEDICAL DIVISION</td>
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<td>SURGICAL DIVISION</td>
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<td><strong>Grand Total</strong></td>
<td><strong>33,738,681</strong></td>
<td><strong>34,206,765</strong></td>
<td><strong>468,084</strong></td>
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</table>

Graph 1 – Nursing Agency, Bank costs 2014/15
This reflects the impact of increased scrutiny and robust authorisation processes that have been implemented by the Heads of Nursing.

Graph 3 below demonstrates more clearly the trend and reduction of Agency spend since April 2014 and the demonstrable reduction since September 2014 last year.

The rise in agency spend noted for September 2015 is being reviewed by the Medical Division Finance Accountant which is where the agency spend appears to have increased. An initial review has not seen an increase in the number of agency hours booked, which is why there needs to be a further detailed review.

**Registered Mental Health Nurses (RMNs)**
The funding (£500k) allocated for RMNs since April 2015 is held by the corporate team. The process for booking RMNs has been made more robust and this has had a positive impact and reduction on the cost of RMNs, currently the RMN costs are within budget, month 6.
The graph above demonstrates a clear 50% reduction on RMN spend this financial year compared to last year. This reduction is noticeable since the introduction of a robust process in 2014 to ensure that patient’s needs are formally assessed and identify a need for an RMN.

The Deputy Director of Nursing and Midwifery is working with Avon and Wiltshire Mental Health Partnership NHS Trust to establish better ways of supporting those patients with Mental Health needs.

The Mental Health Operational Group has secured funding from the RUH innovation panel to have a senior mental health practitioner reviewing RUH patients with mental health needs. It is proposed that they will ensure that appropriate care plans and nursing support is identified and there is a view that with these more robust and timely assessments that there will be a further reduction in RMN spend. This project commences this month.

8. Summary
The report has provided details of the NQB expectations in relation to provider organisations and updated the Board on progress made to date in response to their guidance.

The report also provides an update on NICE guidance issued for safe staffing, these being for acute inpatient wards (2014) and the recent guidance for midwifery (Feb 2015) and the anticipated guidance for emergency departments. The report informs the Board about our progress against this guidance and plans in place.

The report details our general wards staffing levels and skill mix against recommended Benchmarks and recognised wards outside these benchmarks and the reasons why e.g. based on patient activity, acuity and dependency.
The staffing levels and skill mix are reviewed regularly using an evidence based tool (SNCT) and approved by the Heads of Nursing and Director of Nursing and Midwifery.

Recruitment and retention is an area of concern and there are proactive actions in place to address this with close monitoring via the Nursing and Midwifery Workforce Planning Group.

The Board has been appraised of medium risks placed on the Risk Register in relation to RN vacancies.

Nursing pay costs continues to be challenging this year although the financial position is much improved from last year. The report outlines the progress to date to manage nursing pay costs in line with the budgets and in particular reducing agency spend through robust authorisation processes.

9. **Recommendations:**
The Board is asked to:

- Note the progress to date against the requirements of the NQB and NICE Guidance and the further actions required.
- Note the detailed ward staffing levels and skill mixes against recommended Benchmarks and the reasons why wards are outside of these.
- Note the RN vacancies position and actions in place to cover the gaps.
- Note the 5 nursing workforce medium risks on the Risk register.
- Note the overspend financial position and actions taken to achieve financial balance.