

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 28 January 2015

**Title and Author of Paper:** Safer Staffing – November and December Exception Reports  
Gary O’Hare, Executive Director of Nursing and Operations

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

In March 2014 NHS England and the Care Quality Commission jointly published guidance on the delivery of the Hard Truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff. The commitments are to publish staffing data from April 2014.

As agreed at the June 2014 Board of Directors, monthly exception reports would be received explaining the reasons for staffing being 10% under planned and 20% over planned.

A review of all wards is currently being undertaken using the previous 6 months data to inform any proposed changes.

November exceptions (Appendix 1):

- 6 wards were within the agreed ranges.
- 4 wards had qualified staff under 90% and 4 under 80%. Reasons for understaffing are due to vacancies and the inability to find qualified bank cover. This has resulted in supplementing staffing with unqualified staff.
- 3 wards had unqualified staff under 90% and 2 under 80%. In most cases additional qualified staff were used to cover the gaps, with the exception of one ward which had reduced clinical activity.
- 42 wards had staffing above 120% which was due to increased clinical activity, ranging from 120.1% to 401%. **10** of these wards had staffing over 200%.

December exceptions (Appendix 2):

- 6 wards were within the agreed ranges.
- 6 wards had qualified staff under 90% and 5 under 80%. Reasons for understaffing are due to vacancies and the inability to find qualified bank cover. This has resulted in supplementing staffing with unqualified staff.
- 5 wards had unqualified staff under 90% and 2 under 80%. In most cases additional qualified staff were used to cover the gaps. Of these wards, the total staffing when qualified and unqualified are added together was 90% or above for all but two wards. One of these two wards has reduced clinical activity and the remaining ward had been supported by the Clinical Nurse Manager who does not appear in the data collection.
- 37 wards had staffing above 120% which was due to increased clinical activity, ranging from 120.20% to 402%. **11** of these wards had staffing over 200%.

**Outcome required:**

Board of Directors to receive for information.