

Key issues report: S&Q Committee

Report to: FIP

Date of meeting

9th December 2016

Presented by: B Bartoli

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**Enc.
16a**

Matters for escalation:

- Continuous increase in demand for adult IP admissions and activity has resulted in the need to open additional bed capacity, on medical wards across all DGH & NSECH sites. This coupled with vacancies, last minute absences in certain wards has resulted in an increase in risk for these areas that needs to be highlighted to the Board.
- Two reports were received for nursing. The Trust Board Nursing Assurance Report which highlights RN staffing as a very high risk and a second report titled post Nov 2016 Trust Board agreed staffing levels. There has also been a separate paper outlining results of a one week snapshot audit of actual staffing for one week in December 2016. There have been a number of ward reconfigurations post opening of NSECH across all sites. The post November staffing ward paper confirms the planned staffing on adult inpatient wards up to the end of December. A position of actual staffing across all inpatient wards for one week in December (snapshot paper) demonstrates the high risk for RN staffing, despite the mitigation measures in place. The risk is increased owing to escalation due to winter, and increased numbers of patients in wards with very little change in RN levels; this is due to the lack of availability of the RN workforce despite the flexibility of staff to work additional hours and moving staff between departments. Where possible, when additional RN support cannot be found HCA are used to provide additional support to the ward areas.
- In light of the above & continued vacancies medicine have raised their nurse staffing risks from low to moderate for CQC compliance purposes. This, along with Trust wide nurse staffing as a whole has been escalated as a very high risk on the BAF.
- The committee discussed a Blyth community hospital falls corner case that is likely to result in another prevention of future deaths narrative. The findings of this will need to be considered in line with a previous PFD on falls that has previously been highlighted to Board members. Where possible when additional RN support cannot be found HCA are used to provide additional

Other matters considered by the committee/group:

Key decisions made/actions identified:

Impact on the Assurance Framework identified:

Assurance Framework reference:

2.2, 2.3, 2.5