Report to Trust Board of Directors

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>28 July 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enclosure Number:</td>
<td>5</td>
</tr>
<tr>
<td>Title of Report:</td>
<td>Nurse Staffing and Ward Assurance Report</td>
</tr>
<tr>
<td>Author:</td>
<td>Lesley Carruthers, Deputy Director of Nursing</td>
</tr>
<tr>
<td>Executive Lead:</td>
<td>Gail Naylor, Executive Director of Nursing and Midwifery</td>
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<tr>
<td>Responsible Sub-Committee (if appropriate):</td>
<td>Safety and Quality Committee</td>
</tr>
<tr>
<td>Executive Summary:</td>
<td>This monthly assurance report has been developed to provide the Trust Board with an overview of safe staffing levels and the impact on quality and safety indicators.</td>
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This report receives monthly scrutiny via the Safety and Quality Committee ahead of its presentation to Trust Board.

The enclosed data for May 2015 demonstrates the staff % fill rate for each hospital in Table 1.

The areas that are escalated to the Board are those that fall below the 80% fill rate and trigger the five priority areas from the Heat Map.

Triangulating the findings with the below 80% fill rate and heat map indicators it identifies the following ward areas require monitoring by the senior nurse leadership team:

- Elm A, CIC
- Maple A, CIC
- Willow B, CIC
- Elm B, CIC
- Willow A, CIC
- Jenkin Ward, WCH
- Honister Ward, WCH
- ITU, WCH
- Kirkstone Ward, WCH

The nurse staffing report on the outcomes of the workforce review and third acuity will be presented to the Trust Board in July 2015.
| **Board Assurance Framework Reference:** | 1.1 Special Measures  
5.1 Workforce  
7.1 Patient Safety |
<table>
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<tbody>
<tr>
<td><strong>Risk Rating (high, medium, low risk) and any recommended changes to risk rating:</strong></td>
<td>High</td>
</tr>
</tbody>
</table>
| **Compliance, legal and national policy regulatory requirements:** | CQC Outcome 13  
National Quality Boards 10 Expectations |
| **Financial Implications:** | Yes |
| **Actions required by the Board:** | **To approve:** Discussion and decision  
**To note:** Where the Board is made aware of key points but no decision required  
**For information:** For reading and consideration and for discussion by exception only |

The Trust Board are requested to **DISCUSS** the content of the Ward Assurance report and consider the level of assurance and mitigation and whether the Board considers this as adequate.

| **Data quality:** | **Source:** Gail Naylor, Executive Director of Nursing and Midwifery  
**Validated by:** Gail Naylor, Executive Director of Nursing and Midwifery  
**Date:** |
|--------------------------------|---------------------------------|

1. **PURPOSE**

The purpose of this report is to provide the Trust Board with an updated monthly position in relation to safe nurse and midwifery staffing, by % fill rate of planned staffing versus actual staffing and to inform the Board of performance against the heat map indicators by ward.

This report builds on strengthening assurance by integrating the key components of nursing and midwifery information in order to provide a robust monthly assurance report on the ward areas at greatest risk in terms of their staffing, quality and safety indicators.

2. **STAFFING**

The National Quality Board set out clear expectations of providers and commissioners in respect of getting nursing, midwifery and care staffing right. The aim was to support and reinforce the ability and judgement of healthcare professionals and managers in making difficult decisions both on a daily basis, and with a longer term perspective. This is a new way of reporting and these are the first steps in demonstrating that nationally there are robust systems in place for safe staffing. The Trust has set safe planned staffing levels on every ward.

Safe planned ward staffing is defined by the Trust as the agreed staffing required on every ward to ensure high quality and safe care for our patients which informs the ward budgeted establishments. This approach reflects the NICE guidance on safe staffing. The Board supports the principle of having no less than one qualified nurse to eight patients on an adult ward throughout the day and no less than one qualified nurses to ten patients on an adult ward throughout the night. The Board also supports the principle that staffing ratios will be influenced by professional judgement, patient acuity and dependency and ward layout.

In terms of exception reporting the Trust Board will be informed via this report if a ward falls below the minimum staffing levels, which have currently been set at 80% or below the safe planned staffing levels (fill rate), or greater than the 1:8 qualified nurse ratio.
3. PUBLISHING STAFFING DATA ON NHS CHOICES

In May 2014 information was received from NHS England requiring all Trusts with inpatient beds to publish nurse staffing fill rates (actual versus planned) in hours on NHS Choices website in June 2014.

A further requirement was for all Trusts to publish their actual versus planned staff fill rates on a ward by ward basis on their Trust website and on NHS Choices website. This is to ensure that patients and the public are able to see how hospitals are performing in an easy and accessible way. The data will sit alongside a range of other safety indicators.

The overall staffing fill rates per site for May 2015 are presented in Table 1: Whole Trust wards staffing. In addition the Trust has published this information on our website for the public, and provided a link from NHS Choices to this information. It includes ward by ward data on actual versus planned numbers of staff by registered nurse/midwife/care staff and day duty/night duty and therefore meets the requirements set out in the NQB guidance, with regard to monthly publishing.

Table 1: Whole Trust Ward Staffing

<table>
<thead>
<tr>
<th>Ward</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average fill rate – registered nurses/midwives (%)</td>
<td>Average fill rate – care staff (%)</td>
</tr>
<tr>
<td>CIC</td>
<td>89.3</td>
<td>100.7</td>
</tr>
<tr>
<td>WCH</td>
<td>91.3</td>
<td>104.6</td>
</tr>
</tbody>
</table>

4. EXCEPTIONS

The guidance states that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. The exceptions to report for May 2015 are outlined below:

Table 2 - Qualified Nurse Days

<table>
<thead>
<tr>
<th>Ward/Site</th>
<th>May %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIC</td>
<td></td>
</tr>
<tr>
<td>Elm A</td>
<td>72.6</td>
</tr>
<tr>
<td>Maple A</td>
<td>78.2</td>
</tr>
<tr>
<td>Willow B</td>
<td>67.2</td>
</tr>
<tr>
<td>Elm B</td>
<td>64.8</td>
</tr>
<tr>
<td>Willow A</td>
<td>79</td>
</tr>
<tr>
<td>WCH</td>
<td></td>
</tr>
</tbody>
</table>
As shown in Table 2, May 2015 has increased from 3 wards in April to 6 wards, RN day % fill rate working below 80%.

The contributing factors of below 80% fill rate are:

- Sickness and vacancies

In addition, during the day, a number of wards worked above their agreed Registered Nurse (RN) to bed ratio as detailed below:

**CIC**

Elm A – RN bed ratio 1:7.25 at times worked 1:9.67  
Maple A – RN bed ratio 1:5.67 at times worked 1:8.5  
Willow B – RN bed ratio 1:6 worked 1:9  
Elm B – RN bed ratio 1:4 at times worked 1:6  
Willow A – RN bed ratio 1:6.7 at times worked 1:10

**WCH**

Jenkin (EAU) – EAU bed ratio 1:6 at times worked 1:7.5

**Table 3 - Qualified nurse nights**

<table>
<thead>
<tr>
<th>Ward/Site</th>
<th>May %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIC</td>
<td></td>
</tr>
<tr>
<td>Larch C</td>
<td>76.3</td>
</tr>
<tr>
<td>WCH</td>
<td></td>
</tr>
<tr>
<td>Honister</td>
<td>72</td>
</tr>
<tr>
<td>ITU</td>
<td>77.2</td>
</tr>
<tr>
<td>Kirkstone</td>
<td>70.9</td>
</tr>
</tbody>
</table>

As shown in Table 3, May 2015 has remained at 4 wards below 80% fill rate, all at the WCH site.

The contributing factors of below 80% fill rate are sickness and vacancies. In addition, a number of wards worked above their agreed Registered Nurse (RN) to bed ratio as detailed below:

**CIC**

Larch C – RN bed ratio 1:7.6 at times worked 1:11.5

**WCH**

Honister – RN bed ratio 1:10 at times worked 1:15  
ITU – RN bed ratio ITU 1:1, HDU 1:2 with 1 RN supernumery, at times worked without supernumery RN.
Kirkstone – RN bed ratio 1:10 at times worked 1:15

Table 4 – Nursing Assistant Days

<table>
<thead>
<tr>
<th>Ward/Site</th>
<th>May %</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCH</td>
<td></td>
</tr>
<tr>
<td>ITU</td>
<td>28.3</td>
</tr>
</tbody>
</table>

As shown in Table 4 there has been a reduction from 4 wards in April 2015 to 1 in May 2015 below 80% fill rate for HCAs; this has been due to sickness and vacancies.

Table 5 - Nursing Assistant Nights

<table>
<thead>
<tr>
<th>Ward /Site</th>
<th>May %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIC</td>
<td></td>
</tr>
<tr>
<td>Larch D</td>
<td>74.2</td>
</tr>
<tr>
<td>Aspen</td>
<td>78.1</td>
</tr>
</tbody>
</table>

There has been an increase in 2 wards shown in May 2015 in Table 5 below 80% fill rate for HCAs.

5. HEAT MAP (Appendix 1) – May 2015

There are strong links between patient acuity and dependency, workload and staffing and the quality of care patients receive. Evidence in the literature now links low staffing levels and skill mix ratio to poor patient outcomes (Rafferty et al.2007: NPSA 2009). This has driven the development of the Heat Map.

The Heat Map (Appendix 1) as discussed in January’s Trust Board paper has been added as a core component in order to compliment the clinical indicators and provide greater assurance on the actual areas of risk. This includes where actual patient safety incidents and harm has occurred within the month. The Heat Map produces intelligence by ward each month from a safety, quality, workforce and financial perspective. These are divided into 2 different categories, 14 inputs and 20 outputs. Out of these 34 metrics, the senior nursing team have prioritised 5 of the indicators to prioritise; triangulating the ward areas that are below the 80% fill rate with the indicators agreed which are:

- Staffing level incidents;
- Medication errors;
- Patient falls;
- Pressure ulcers acquired post admission;
- Overall clinical indicators below 95%.

The rationale for the above list is that the senior team believe these metrics would have most significant impact on patient safety.
The following wards are being closely monitored and supported by the Chief Matrons and Matrons:

**Elm A – CIC**
Red flags on 4 indicators:
- 5 staffing level incidents
- 8 patient falls
- 1 pressure ulcer post admission
Overall Clinical Indicators 83% (red)

**Maple A – CIC**
Red flags on 3 indicators:
- 5 medication errors
- 3 patient falls
- 2 pressure ulcers post admission

**Willow B – CIC**
Red flags on 2 indicators:
- 2 patient falls
- 2 pressure ulcers post admission

**Elm B – CIC**
Red flags on 3 indicators:
- 1 staffing level incidents
- 14 patient falls
- 2 pressure ulcers post admission
Overall Clinical Indicators 80% (red)

**Willow A – CIC**
Red flags on 3 indicators:
- 2 staffing level incidents
- 6 patient falls
- 3 pressure ulcers acquired post admission

**Jenkin – WCH**
Red flags on 4 indicators:
- 8 staffing level incidents
- 2 medication errors
- 13 patient falls
- 2 pressure ulcers post admission

**Honister - WCH**
Red flags on 4 indicators:
- 1 staffing level incidents
- 2 medication error
- 9 patient falls
- 3 pressure ulcers post admission

**ITU - WCH**
Red flags on 2 indicators:
- 1 staffing level incident
- 1 pressure ulcers acquired post admission

**Kirkstone - WCH**
Red flags on 2 indicators:
- 1 staff level incidents
- 10 patient falls
- 8 pressure ulcers acquired post admission
5.1 Weekly Escalation

Weekly safe staffing and control meetings are held, chaired by the Executive Director of Nursing & Midwifery, attended by Deputy Director of Nursing, Chief Matrons, Matrons, Deputy Director of Finance and Principal HR Business Partner. The Matrons deliver their ward areas escalation reports, highlighting areas of concern, with discussion and outcomes to ensure safe staffing levels are achieved. This includes a review of vacancies, sickness, maternity leave, red flag shifts, nurse staffing level incident reports and patient safety incidents. The Deputy Director of Finance provides a financial update and the Principal HR Business Partner provides an HR update on nurse bank recruitment, substantive nurse recruitment and ESR training.

5.2 ‘Red Flag’ Shifts

The NICE safe staffing guidance for nursing in adult inpatient wards in acute hospitals describes ‘red flag shifts’ and state that hospitals need to have a system in place for nursing red flag events to be reported by any member of the nursing team, patients, relatives or carers to the registered nurse in charge of the ward or shift.

Red Flag Shifts are defined as:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as ‘intentional rounding’ and covers aspects of care such as:
  - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
  - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
  - Placement: making sure that the items a patient needs are within easy reach.
  - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
- Less than 2 registered nurses present on a ward during any shift.

NICE also confirm that other red flag indicators can be agreed locally.

There are a number of key pieces of work which are currently being progressed in order to strengthen the red flag shift reporting which will become a core component of this ward assurance report:

- The weekly staffing escalation outcomes will be summarised to explicitly report against the shortfall in nursing cover (25% shortfall and less than 2 registered nurses present). This will also include where shifts have worked over the NICE guidance of 1:8.
- The current intentional rounding performed on all wards will be strengthened in order to provide greater assurance on the completeness of intentional rounding.
- The longer term plan is to ensure that the E-Rostering system supports red flags being entered onto the system.
- The re-launch of the real time bed project will also allow the potential for omissions in care to be alerts on the system.

6. **WARDS OF CONCERN DUE TO BELOW 80% FILL RATE**

**Elm A**

This ward requires 4 qualified and 5 HCA on an early shift and 4 qualified and 3 HCA on a late shift, however due to staffing vacancies and maternity leave they have only been achieving 3 qualified on the some of these shifts. Currently Elm A have 1 agency nurse working on night duty to maintain the nurse ratio of 1 to 9.67 night duty and are utilising extra hours and overtime of either qualified or HCA to maintain total staffing numbers on day shift. There are 3 newly qualified nurses appointed to commence in September who will commence as enhanced band 3 nurses until NMC registration confirmed. In addition increase in HCA for early shift and twilight shift within current budget cover using bank hours. 1 WTE from Maple A also supporting the ward during May.

**Maple A**

This ward requires 3 qualified and 2 HCA early shift and 2 qualified and 2 HCA late shift. Due to short term sickness and maternity leave in addition to a member of staff supporting Elm A they have been unable to achieve this. Cover with HCA working to maintain correct numbers. Member of staff supporting Elm A has now returned to Maple.

**Willow B**

Willow B have 52.5 hours qualified vacant, 36 hours qualified Maternity Leave unfilled and 111 hours qualified sickness each week of May 2015. There are also 2 x 18 hours HCA sickness and the ward has had to change the skill mix
to cover this. The ward has relied on Bank, Overtime and help from other areas to try and cover the gaps.

**Larch C**

Larch C has recently increased its staff establishment to:

- Early – 3 qualified, 3 HCA
- Late – 3 qualified, 2 HCA
- Nights – 3 qualified, 1 HCA

As a consequence Larch C has 90 hours qualified staff vacancies equivalent to 2.2 WTE. Until these posts can be recruited into, they have been reliant on Bank, Agency and Overtime to fill the hours. When not possible to get qualified staff for all the hours, the ward tries to backfill with HCA’s; but this is only when all avenues have been explored.

**Elm B**

This ward requires 3 RN and 2 HCA, however due to staff vacancies and long term sickness they have only been achieving 2 RN and 3 HCA which provides the correct headcount but not correct skill mix. There is 1 student nurse qualifying in September 2015 who has been appointed leaving 71.5 hrs vacant and these hours are out to advert. In addition there has been a further 1 WTE qualified who has been offered and accepted a post, due to commence in June 2015. The Matron is exploring innovative approaches to staffing, looking at the possibility of employing Mental Health qualified nurses and Learning disability nurses to compliment the ward RN due to the ward having elderly patients with dementia. The Matron and the ward manager are working with the ward team on improving the indicator performance, and allocating RN responsibilities to improve documentation and performance.

**Willow A – CIC**

This ward required 3 RN’s for the early and late shifts and they have only been able to achieve 2 RN’s on duty. This has not been achieved due to 2 members of staff on long term sickness, however these have been actively managed, 1 has returned to work on a phased plan, 1 returned to work but is in a supervisory role, and 1.8 WTE maternity leave which have not been replaced.

**ITU – WCH**

This unit should have a supervisory RN on duty each shift; however this has not been achieved due to vacancies, short and long term sickness and other absence. The Matron has interviews late June for Band 5 and 6 staff nurse positions.
Honister Ward

This ward requires 4 RN and 4 HCA on days and 3 RN and 2 HCA’s on nights, however due to staff vacancies, long and short term sickness this has not been achieved. There has been 3 student nurses qualifying in September who have been appointed, rolling adverts for RN continue and the Matron and ward manager are looking into the possibility to alter the skill mix of RN with appointing Mental Health qualified nurses, this is due to some of the complex mental health needs of the patients whilst they have ongoing acute medical care needs. Also, in the short term, they are over recruiting HCA to give correct head count until the RN commences work. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance.

Kirkstone Ward

This ward requires 3 RN on night duty but due to vacancies it is only managing to have 2 RN on duty. 2 Student Nurses qualifying in September have been appointed including a Registered Learning Disability Nurse. The Matron and ward manager are also looking to appoint a registered Mental Health Nurse to compliment the qualified skill mix which will enhance the care for patients diagnosed with Dementia. Outstanding are 67.5 RN hours which are out to a rolling advert. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance.

In summary, the wards detailed above are receiving daily, visible support from their Matrons to ensure they can continue to delivery safe care. The Senior Nursing team are very encouraged by the amount of new starters scheduled in September. In terms of the key patient safety priorities, following the external review of Pressure Ulcers, the Pressure Ulcer Improvement Plan is being implemented and scrutinised by the Safety & Quality Committee. An external review of Falls has been commenced to test systems, processes and policies in regard to Falls, which will take place on 18 August 2015.

7. WORKFORCE DEVELOPMENT AND RECRUITMENT UPDATE

In recent weeks the Trust has appointed 44 RN of which 34 are Student Nurses qualifying in September 2105.

The Executive Director of Nursing and Midwifery with her senior team continue to attend employability days to try and attract RN; the last event took place in Manchester on 12 June 2015. Some extremely positive relationships were developed with Senior Lecturers at Manchester University, who are keen to support our recruitment challenges. Feedback recently received was that the Students are requesting a robust preceptorship package, to ensure they are adequately supported through transition from student to registered.
The interim Deputy Director of Nursing is currently working on a plan to launch a revised preceptorship package ahead of September 2015.

NCUH are currently seeking to recruit up to registered nurses from the Philippines. The tender document is complete and has been approved by the Director of Finance. It was submitted to the Market Place as of Friday, 19 June 2015. It will be out in circulation for 10 days with a 2 week cooling off period. Procurement, Recruitment and Richard Heaton, Chief Matron will meet mid-July to review the submitted bids and determine our preferred bidder.

Future Cadet Nurse Programme at Cumberland Infirmary, Carlisle College is now ready to begin interviewing, for their first cohort to begin in September 2015. It is thought there will only be 6 to 10 cadets and they will all be second year BTec students requiring clinical placements within the Trust for a period of one year. We have offered to look at facilitating 3 placements of 6 weeks each. Joint working between the Trust and Carlisle College continues.

For West Cumberland Hospital, West Lakes College will commence a 2nd cohort of 20 cadets in September 2015.

The Trust is currently working with Nursing Agencies, Fast Response and First Nurses; the cost is considerably higher than the Agency Pulse; we are therefore looking to transfer with immediate effect.

Nationally and locally recruitment to qualified nurses continues to be an issue. HCA’s are a vital part of delivering frontline compassionate care; therefore the senior nursing team are looking at workforce planning and investment with HCA development in NCUH. The team will be reviewing the band 1-4 of the workforce in line with the recommendations from the Cavendish Report to look at how NCUH can use development opportunities that have been introduced nationally to support the transformation of HCA’s, and work with other organisations where they have successfully developed the band 4 Assistant Practitioners.

Concern remains with senior nursing vacancies at Ward Manager level, specifically the vacant Ward Manager post on Special Care Baby Unit CIC and the absence of a Ward Manager on Fairfield ward, WCH.

Plans in place to address this:

1. Fairfield ward has appointed two interim Band 6 Deputy Ward Managers to job share in the absence of the Ward Manager with support from the OSM.
2. Chief Matron Child Health has been successfully recruited and will commence in post at the beginning of September.
3. Plans are in place to appoint Deputy Ward Managers in all areas.
Despite the absences in key roles the Child Health Business unit has managed to maintain an efficient and effective 24/7 paediatric and neonatal service.

North Cumbria Midwifery Services has recently undertaken a Birth-rate Plus assessment. Birth-rate Plus is a framework for workforce planning and is the most widely used system for classifying women and babies according to their needs and using clinical outcome data to calculate the numbers of midwives needed to provide care.

**Initial Results and Findings**

Overall, the establishment for midwifery is summarised as follows:

<table>
<thead>
<tr>
<th></th>
<th>ECH</th>
<th>WCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Hospital Services</td>
<td>53.85 WTE</td>
<td>38.78 WTE</td>
</tr>
<tr>
<td>(b) Community Services (including Penrith)</td>
<td>24.32 WTE</td>
<td>16.22 WTE</td>
</tr>
<tr>
<td>(c) Total Clinical WTE</td>
<td>78.17 WTE</td>
<td>55.00 WTE</td>
</tr>
<tr>
<td>(d) Additional non-clinical midwifery roles (based on 8%)</td>
<td>6.25 WTE</td>
<td>4.40 WTE</td>
</tr>
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The results indicated a shortfall of 4 WTE midwives on both sites. Once the report is finalised, the findings will be presented to the Director of Nursing.

As part of the drive to deliver safe and effective care, a guide for providers has been developed identifying ‘Care Contact Time’. The guide sits alongside the NQB Guidance, NICE Guidelines and NICE Endorsed Safe Staffing Toolkits, to support providers in making decisions to secure safe staffing for their patients and service users. It is recommended that Trusts who have not undertaken this exercise, a baseline assessment should be undertaken by summer 2015; North Cumbria University Hospitals NHS Trust completed this in June 2015 and it is being considered by the Nursing, Midwifery and AHP Board.

8. **NEXT STEPS**

The Board were due to receive the 6-monthly Workforce Review in July 2015, sharing the results and recommendations from the fourth acuity. However, the Senior Nursing Team are working with the Trust Development Authority (TDA) to pilot a bespoke approach to Workforce and Quality Outcomes. The Senior Nursing Team will report to Trust Board in October 2015.

9. **CONCLUSION**

In May 2015, 9 wards have been identified as needing to be closely monitored by the Chief Matrons and Matrons, to support and help Ward Managers on improvements.
10. RECOMMENDATIONS

The Trust Board are requested to DISCUSS the content of the Ward Assurance report and consider the level of assurance and mitigation and whether the Board considers this as adequate.

Gail Naylor
Executive Director of Nursing & Midwifery

Lesley Carruthers
Deputy Director of Nursing