Trust Board Meeting in Public - Supplementary Pack

Tuesday 17 November 2026, 09:30 - 13:00

Meeting Room 1, Avon House, Langdon, Exeter Road, Dawlish EX7 0NR

Agenda

09:30 - 09:30
0 min

1. 3.3.1 Quality and Outcomes Committee Chair's Report Appendices

- 3.3.1a BoD.2026.11.17 - Supplementary Pack - Safer Staffing Paper October 2026 v2.pdf (9 pages)
- 3.3.1b BoD.2026.11.17 - Supp Pack - Learning from Deaths Report Apr to June 2026.pdf (29 pages)
- 3.3.1c BoD.2026.11.17 - Supp Pack - Nursing Revalidation Report.pdf (4 pages)
- 3.3.1d BoD.2026.11.17 -Supp Pack - QuOC DPT R&D 2026.pdf (11 pages)

Title of report	**Safer Staffing – Workforce Assurance Report (September 2026 Data)**
Meeting	**Trust Board – as Reported to Quality and Outcomes Committee 20 October 2026**
Date of meeting	Tuesday, 17 November 2026
Agenda item no.	3.3.1
Executive lead	Hazel Powell, Chief Nursing Officer and Allied Professions Lead
Author	Clare McAdam, Deputy Chief Nurse Paul Murphy, eRoster Trainer / Administrator
Presenter	Hazel Powell, Chief Nursing Officer and Allied Professions Lead
Purpose and Ask	
Report Purpose	Assurance
Key Points	The report provides assurance to the Quality and Outcomes Committee on Safe Staffing. The Trust is required to report on inpatient staffing levels monthly through the National Health Service (NHS) Choice's website. Key points for September 2026 data this report will focus on are: • 80% - 120% of agreed establishment levels. • Directorates ward shift filled rates. • Temporary staff continued use • Minimum 1 RMN per shift regulatory requirement • Inpatient ward unavailability
Potential areas for further exploration	• Six wards (30% of Trust In-patient wards) with staffing levels above 120% which require detailed review by Heads of Nursing and Service Directors. • **No ward was below 80% fill rate which is positive.** • **Substantive Staff Unavailability -** Increased to 41% (Aug was at 38%) average across all wards.

Month	Unavailability %	Improve (↑)/Worse (↓)
May-26	35%	↓
Jun-26	36%	↓
Jul-26	35%	↑
Aug-26	38%	↓
Sep-26	41%	↓

- **Increased Patient Dependency Levels -** Several areas continue to experience high complexity and dependency. The ETOC report for September is 177.82 FTE staff hours to ensure all 1:1 – 4:1 patient support was provided. This is a constant challenge for the Trust with sustained high dependency levels across multiple wards.

Month	ETOC FTE	Completion	Improve (↑)/Worse (↓)
May-26	182.70	76%	↑
Jun-26	185.21	73%	↓
Jul-26	152.12	70%	↓
Aug-26	169.26	70%	→

Sep-26	177.82	70%	→

- **Vacancy Management -** Vacancy rates improved across several wards. There are **107.30 FTE vacancies** out of a total **697.12 FTE funded safe staffing establishment**, equating to a 15**% vacancy rate**. Ongoing recruitment to an increased headroom and apprentice backfill impacts current recruitment fill rates and are being proactively managed to fill substantive posts.

Month	Vacancy FTE	Vacancy %	Improve (↑)/Worse (↓)
May-26	125.14	18%	↓
Jun-26	126.35	18%	→
Jul-26	124.62	18%	→
Aug-26	129.67	19%	↓
Sep-26	107.30	15%	↑

- **Rostering Efficiency -** Roster management underpins staffing for inpatient wards. The HOTTT/TOIL net balance moved from −55.42 hours in August to −1,403.93 hours in September, an increase of 1,348.51 in net hours owed to staff and a deterioration in the monthly balance.

Month	Net TOIL/HOTTT	Net Hours	Improve (↑)/Worse (↓)
May-26	TOIL	-440	↓
Jun-26	TOIL	-1897	↑
Jul-26	TOIL	-2371.92	↑
Aug-26	TOIL	-55.42	↓
Sep-26	TOIL	-1403.93	↑

- **Skill Mix -** wards continue to roster with substantive skill mix to ensure safe therapeutic care and staffing numbers. Staffing modelling will be reviewed as part of the **2026-27 MHOST - informed establishment review**.

Registered nurse cover maintained during rostered RMN unavailability: All wards had registered nurse cover on every shift. On eight occasions in September, rostered registered mental health nurses (RMNs) were unavailable, for example due to short-term sickness. Cover was provided by the NNP or an RMN from another ward. These occasions reflect unavailability of the ward's rostered RMN, not an absence of registered nurse cover.

Recommendations (Summary)	The Board is asked to note the Moderate Assurance judgement and its limitations, recognise the continuing gap against additional acuity and dependency-related staffing requirements, and seek continued assurance through existing governance arrangements on mitigation effectiveness and the impact of staffing pressures on care delivery.
Risk, Assurance & Impact	
Assurance Level	Moderate Assurance
Justification for assurance level	Moderate Assurance reflects the established processes for reviewing staffing, managing shortfalls and escalating concerns, together with maintenance of funded baseline staffing requirements overall and registered nurse cover on every shift. However, assurance remains limited regarding the consistent provision of additional staffing required to meet increased patient acuity and dependency. In September, deployment met 91.4% of the recorded dependency-adjusted staffing