Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	**12**
Date of Meeting:	7 February 2019		

Report Title:	

Assurance

- To review and agree the additional investment into staffing detailed in the report

In addition for maternity services:

- To note the improvements and the on-going progress in recruitment.
- To note and support the plan to over-recruit to cover maternity leave.
- Note the current maternity staffing and challenges with increased acuity
- For the board to support the department with a review of staffing to meet the 'Better Births' expectations.

Executive Summary:

Purpose:

The report details the methodology, findings, risk assessment and recommendations arising from the 6 monthly ward staffing review undertaken during the summer.

A report outlining established staffing in midwifery is also included.

The report outlines SFT's progress in meeting the recommendations from the National Quality Board for Safe Staffing, and includes a detailed summary of progress to date.

The report provides an outline of 2 new sets of guidance from the National Quality Board (NQB) and provides an assessment of compliance for nursing:

- Developing Workforce Safeguards which was published in September 2018 (Trusts are required to be compliant for whole workforce by April 2019
- Improvement Resource for the Deployment on Nursing Associates published in January 2019

The report is presented in full as an expectation of the National Quality Board guidance on staffing which requires presentation and discussion at open board of all aspects of the 6-monthly staffing reviews, and includes a statement from the Director of Nursing on the safety and sustainability of nurse staffing as required in the new Developing Workforce Safeguards guidance.

History:

A 6-monthly staffing review has been published to Trust Management Committee

described in the NQB guidance – the Trust is compliant with this through the staffing review process.
Trusts will also be asked to include a specific workforce statement in their annual governance statement.
The high level recommendations in the report are outlined in the table below with early assessment of compliance for nursing. Within the guidance each high level recommendation has a series of sub recommendations:

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Ensure NQB Guidance is embedded in Safe staffing governance	Compliant
Ensure Safe staffing processes include using evidence-based tools (where exist), professional judgement and outcomes	Compliant
Confirm their staffing governance processes are safe and sustainable	Compliant for nursing/midwifery
Director of Nursing and Medical Director must confirm in statement to Board they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	Compliant for nursing

Trusts must have an effective workforce plan that is updated

has been completed (Appendix 3) and we are compliant with the guidance through the approach taken for the deployment of Nursing Associates which has not resulted in a

identify further opportunities, particularly linked to the development of apprenticeships nationally and providing a career development route for unregistered staff.
The Trust is part of the national pilot for the nursing associate role and this approach provides a blueprint for development in the Trust, the first Nursing Associates are due to complete their training in April 2019. An additional cohort of Nursing Associates and Assistant Practitioners are due to commence in March. There are ward areas where the

RN to patient ratio would increase to 1:12, although consideration could be given to the use of a Nursing Associate in this case.

The Directorate continue to expand the implementation of the band 4 role across the wards and departments through the use of the Nursing Associate and Assistant Practitioner roles, this has not changed the establishment for RNs.

Musculo-Skeletal Directorate: Overall established staffing levels are appropriate for the level of acuity and dependency of the patients, however the Directorate has had a very high number of vacancies across all of its wards this year impacting in the ability to fully assessof a Nurs92(62

Downton ward have requested an additional Band 5 on the late shift to enable having a nurse-in-charge without patient workload. It is recommended however that this be reviewed once the nursing associate role has been established in this area, the wards has good quality indicator metrics and good retention.

Radnor (ICU) continue to maintain staffing ratios appropriate to level 2 and level 3 patients. An escalation policy on beds and staffing levels has been developed locally. Focus needs to be maintained on recruitment and retention to ensure sufficient qualified staff to meet fluctuations in demand.

Clinical Support and Family Services – Paediatrics
Sarum ward is broadly compliant with the NQB Safe Staffing Guidance for Children and Young Adults. The revised staffing model that was introduced at the last review continues to be an appropriate staffing level, however the Outreach post can often be pulled into the ward staffing numbers to the detriment of achieving the added benefits of this post to areas where children form part of the service such as ED and DSU. This has been due to sickness and maternity leave within Sarum and high levels of acuity within the ward.

The Trust has appointed a Directorate Senior Nurse for Children's services and she will be carrying out a full 1 year post implementation review and working closely with areas such as ED and DSU to ensure the Outreach posts delivers on its outcomes.

2.4 Trust wide risks and issues considered in the review

2.4.1 Increasing patient acuity/dependency
The development of services and changing demographic of the population continues to result in an evidenced increase in the complexity, acuity and dependency of the patients admitted into the general wards.
Information on the acuity and dependency of patients, including enhanced care needs is available to be reviewed via the SafeCare functionality in Healthroster and is used in real time as part of the daily staffing meetings. This information is also used in the 6 monthly reviews as part of the professional judgement assessment.

2.4.2 Increasing enhanced care needs
The Trust continues to incur expenditure for patients requiring additional nursing care support due r2(o)-7(n)13(t)-3 uaf(t)-3 uw (Ha3(in)2(g)n)5g u(h)1p3(eend)2(in)2 dm.2
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Detailed work continues on recruitment initiatives in all Directorates in close partnership with HR. Further work is required in developing retention initiatives to ensure that staff recruited into the organisation are retained and develop their careers within the organisation and the Trust is due to commenced an NHSi Retention Collaborative in November 2018.

3. Conclusions

Recruitment and retention continue to remain the biggest area of challenge in the provision of safe staffing levels across the ward areas, and thus a focus needs to be maintained on recruitment and retention initiatives as priority areas.

Nursing continues to demonstrate effectiveness in deploying our workforce efficiently as seen in both INSIGHTs data and feedback from the NHSi Collaborative which stated "good grip and control of workforce despite significant vacancies". This has been further reinforced in a recent visit and NHSI intend to produce a case study on the Trust's work.

Good progress has been made against ensuring nursing continues to meet the requirements of the national publications on nurse staffing, and highlights the new responsibilities in Developing Workforce Safeguards.

SafeCare CHPPD data has shown some areas to require additional investment which is supported when triangulated with professional judgement and these are identified as recommendations within this paper.

Overall quality of care continues to be maintained according to reportable nurse sensitive indicators despite the challenging environment of vacancies, temporary staffing and increasing acuity and dependency.

The Director of Nursing on acceptance of the recommendations considers the nurse staffing model to be safe, effective and sustainable and reflective of current levels of acuity and dependency – this will be subject to an annual review.

4. Recommendations

- To note the findings of the full ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels, specifically:
    - SFT nursing establishments are set to achieve an average of 1:5 – 1:7 registered to patients across the majority of wards during the day; areas not achieving have been reviewed.
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Midwifery staffing Establishment report
Report from: Fiona Coker- Head of Maternity and Neonatal Service

1. Purpose

The maternity workforce is reviewed utilising National published responses to maternity staffing:

- Safer Childbirth: Minimum standards for the organisation and the delivery of care in labour (RCOG, RCM 2007).
- Birth rate Plus (Salisbury assessment 2015).
- National Quality Board (2018). Safe, sustainable and productive staffing - An improvement resource for maternity services
- Safe Midwifery staffing for maternity settings (NICE 2015).
- National Maternity Review: - 'Better Births' (2016) – A five year forward view for maternity care.

The maternity management team reviews the service and workforce in line with the recommendations and standards outlined in the above documents on a monthly basis.

2.

safety and adequate 1:1 care in labour provision. By October the vacancy rate had dropped to 0.16 WTE and quality indicators have remained stable in the last 6 months despite turnover. As an acute service, activity is difficult to predict so a robust escalation policy is in place within maternity which is heavily reliant on the community workforce.

2.8 There continues to be an evidenced increase in women with raised BMI, pre-existing medical conditions, age at birthing, and mental health difficulties over the last 8 years. In addition the antenatal surveillance arising from the 'GAP' programme has identified an increase in the number of 'small for gestational age babies. ' This has led to a significant rise in the acuity within the service. The activity, acuity and dependency are regularly analysed as the staffing need is not just about birth numbers. Maternity utilises an evidence based acuity tool (Birth rate plus) and this is measured every 4 hours within the labour ward on every shift.

2.9 The department is triangulating activity, acuity, risk and the use of escalation so that there is better understanding of the impact of acuity. An acuity report is produced monthly to enable this analysis.

2.10 The department has been well supported by HR and turnover and morale have significantly improved. The staff numbers, activity and dependency continue to be analysed on a monthly basis. The leaders within the department appreciate that they have some responsibility for the morale and have done some work this year on appreciative enquiry.

3. Challenges:

3.1 The maternity department staffing is complex. It is department that spans pregnancy and safety is paramount. 6 rotas are in place and staff often work between the areas.

3.2 In the 2016 National Maternity Review 'Better Births' (NHS England 2016) was published outlining expectations for a five year forward vision for maternity service1 Tc 0.0r(d)2(2)-5

Neonatal Staffing

1. **Purpose**

- The review has been undertaken utilising National published recommendations for Neonatal staffing:
- British Association of Perinatal Medicine (BAPM) (Draft update June 2018)
- National Quality Board (2016). Safe, sustainable and productive staffing - An improvement resource for neonatal care Supporting NHS providers to deliver the right staff with the right skills, in the right place at the right time- Safe, sustainable and productive staffing.
- National Institute for Health and Care Excellence (NICE) quality standard (QS4) for neonatal specialist care (2010),

The senior neonatal nurse and the head of maternity and neonatal services reviews the service and workforce in line with the recommendations and standards outlined in the above documents on a monthly basis.

2. **Neonatal Services staffing review methodology**

2.1 A neonatal nursing workforce review was undertaken in 2016 following a reduction in cots in line with activity and was implemented in November 2016. The department has been in escalation on 22 shifts from May 2018 to November 2018. The service has been over active against plan in the latter half of the year as there has been a rise in the number of high dependency babies which is thought to be related to the higher acuity of women accessing the maternity service and is attributed to a number of local units being redesignated as level 1 units.

2.2 All units within the local Neonatal network are utilising a recognised acuity tool (Badger) which enables staff to consider the staffing, capacity and activity in real time and activate escalation when necessary. The senior nurse produces a monthly acuity report to there is clarity around activity.

2.3 Within the staffing numbers 70% of RNs are expected to be Qualified in speciality (QIS) and the unit is currently at 62%. The QIS nurses are difficult to attract to a local new-born unit so the strategy of 'growing our own' is in place and is robustly pursued. This requires some backfill to enable staff to complete the qualification but this is managed successfully with experienced bank currently. 3 RNs will be training in speciality in 2019.

3

- There is a national initiative (ATAIN) to reduce the number of babies admitted to a neonatal service. This demands a transitional care provision which has been developed within SFT in

National Quality Board Expectations for Safe Staffing
Safe, Sustainable and Productive Staffing (July 2016)

Expectation 1: Right Staff	Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all settings in NHS provider organisations. Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (ie the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the Board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified. Safe staffing is a fundamental part of good quality care, and the CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations. Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.
Expectation 2: Right Skills	Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services and there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.
Expectation 3: Right Place and Time	Boards should ensures staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at Board, if concerns arise. Directors of Nursing, Medical Directors, Directors of Finance and Directors of Workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.

	Descriptor	No	Recommendation	Current measures in place	Assessed SFT rating C-compliant A-actions required	Identified actions required	Timescale	Lead
Expectation 1: Right Staff	Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all settings in NHS provider organisations. Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (ie the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the Board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified. Safe staffing is a fundamental part of good quality care, and the CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations. Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.	**1.1 Evidence-based Workforce Planning**						
		1.1.1	The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach in this NQB resource	Triangulated approach to skill mix reviews well embedded. Shelford SNCT used and embedded in SafeCare as part of e-rostering. NICE guidance systematically reviewed	C	Continue with current approach and further develop use fof CHPPD and SafeCare	Complete	DDoN
		1.1.2	The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and enable benchmarking with peers	All tools used as recommended	C	Continue to monitor use of SafeCare to ensure no local modification	Complete	DDoN/E-roster lead
		1.1.3	Workforce plans contain sufficient provision for planned and unplanned leave eg sickness, parental leave, annual leave, training and supervisions	Headroom 19%. Uplift reviewed at each skill mix review	PC	Skill mix reviews to continue to demonstrate actual uplift required	Paritially Complete	DoN/DDoN/ E-roster lead
		1.2.1	Clinical and managerial professional judgement and scrutiny are a crucial element of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way.	6-monthly staffing reviews which are face to face meetings with Ward Lead, DSN and Deputy DoN. Range of indicators including quality, HR, finance and ratios are reviewed alongside professional judgement	C	Continue with current approach and further develop use fof CHPPD and SafeCare	Complete	DDoN/DSNs/ Ward Leads
		1.2.2	Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing to reflect changesin case mix, acuity/dependency and activity.	Professional judgement used as part of twice daily staffing meetings.	C	Continue with current approach and further develop use fof CHPPD and SafeCare	Complete	DDoN/DSNs
		1.3.1	The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.	Benchmarking with peers via INSIGHTs. Data being entered into Model Hospital	PC	Next review will include data from Model Hospital	Apr-20	DDoN
		1.3.2	The organisation reviews comparative data on actual staffing alongside data that provides the context for differences in staffing mix (eg length of stay, occupancy rates, caseload), patient movement (admissions, discharges and transfers), ward design and patient acuity and dependency	All considered as part of systematic staffing reviews	C	Continue with current approach and horizon scan for further opportunitiescompetence, skill and knowledge through on-going masterclasses and staffing reviews	Complete	DDoN
		1.3.3					Complete	DDoN/E-roster lead/DSN
		2.1.2	Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students.	19% headroom allowance (excluding maternity leave). Rosters show average of around 23% needed (excluding maternity leave). Ward leads get 4/5 days supervisory allocated but only taking approx 50% due to staffing pressures	PC	Continue through skill mix reviews to demonstrate need for additional headroom. Continue to review supervisory time. Continue roll out of CLIP model to support students	On-going	DDoN/E-roster lead/DSNs/Education team

2.1.3

2.3.3	In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development	This is an area where we could improve knowledge on the issue. Approaches to retention and development tend to be localised	A	Further work required on understanding generational needs to inform recruitment and retention. This could be achieved through the retention workshops and career77[(r)3(e)3(t)4(e)3(nt)Tads/MCID 14 BDC q39.36 2ETEMC /P <</MCID 6 BDC Qq256.92 712.562(of)2(t)5-0.005 Tc 0.003 Twm[unde)3(r

	3.2.5	Meaningful application of effective e-rostering polices is evident, and the organisation uses available best practice from NHSi Employers and the Carter Review Rostering Good Practice Guidance (2016)	Best practice guidance used and included in rostering policy. Twice yearly check and challenge meetings for all wards. INSIGHTs measures effectivenss via KPIs. NHSi heatmap work complete - showing best in class rosters	C	Continue with current approach and remain aware of future guidance	Complete	DDoN/E-roster lead
	3.3.1	The annual strategic staffing assessment gives boards a clear medium term view of the likely temporary staffing requirements. It also ensures discussion takes place with service leaders and temporary workforce suppliers to give best value for money in deploying this option. This includes assessment to maximise flexibility of the existing workforce and use of bank staff (rather than agency) as reflected by NHSi Improvement Guide.	Twice yearly staffing review, includes review of vacancies and HR metrics to focus on substantive fill. Effective in-house bank. Robust relationship with procurement and agencies. Weekly and monthly reporting on temp spend. Clear links to recruitment strategy	C	Continue to maximise all opportunities to reduce agency spend	Complete	DDoN/DSNs/E-rostering/HR
	3.3.2	The organisation is effectively working to reduce significantly and, in time, eradicate the use of agency staff in line with NHS Improvement's nursing agency rules, supplemenetary guidance and timescales	Continued focus on agency spend, tiering system to apply caps, process for break glass	C	Continue with all actions to reduce temporary staffing spend, increase bank use and ensure safe staffing	Complete	DDoN/DSNs
	3.3.3	The organisations work plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan built around the needs of the local population	Good engagement with STP workforce group led by Director of OD and People	C	Continue to work with the STP as well as Wessex workforce groups to ensure plans are built around a population base	On-going	DOD&P
	3.3.4	The organisation works closely with commissioners and with Health Education England and submit the workforce plans they develop as part of the STP, using th defined process to inform supply and demand modelling	as above	C	a/a	On-going	a/a
	3.3.5	The organisation supports Health Education England by ensuring that high					

National Quality Board
An improvement resource for the deployment of nursing associates in secondary care
(January 2019)

1 As with all new roles, adopt a systematic approach using an evidence-informed decision

8	Develop guidelines to ensure that existing staff are aware of the rationale for deployment, the risks and benefits of the role, and process for escalation of concerns	Further work required
9	Complete a full quality impact assessment before there is any substantial skill mix change of deployment of a new role	Compliant

SisterChange
Nurses

	Descriptor	Definition
	Beds	Number of funded beds on ward
	Funded establishment	The establishment on the ward for all ward based posts ie nurses, nursing assistants, ward clerks etc
	Budget	Staffing budget only
	% Establishment uplift	The headroom on the ward to cover annual leave etc - this can be taken from Allocate to sho the average in the period
	Vacancies	Inlcude all current vacancies
	Staff on shift	Number of registered and unregistered on the early, late and night shift. If long days please indicate the numbers of staff who are on the ward at these times
	Shift pattern	Identify whether 2-shift (LD) or 3-shift (E/L/N) pattern. Where use a combination please choose the option most used.
	Admin support	Identify any additional roles on the ward which are not in the daily nursing requirements but that are funded from the ward budget
	Supervisory	Identify whether using supervisory shifts and how much time given to this ie 2 days per week = 0.4
	Skill mix	The percentage of RNs and NA's based on establishment
	RN staff relative to patients	If you have a 28-bed ward and you have 4 TN on the early shift then this would be 1RN to 7 patients
		As above but for late shift so may be you have 3TN on the late shift so this would be 1RN to 9 patients
	Staffing relative to population served	Same as above but count all RNs and NA's so if you have 7 on an early shift and is 28-bed ward this would be 1 nurse to 4 patients
		As above for late shift ie if you drop to 5 on the late shift then would be 1 nurse to 5.6 patients
	Turnover / absence	Overall percentage for the specified time period
	Nurse sensitive indicators	Provide for the specified time period

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Date: **Ward:** Sarum

Themes/Concerns/Good Practice from Data	Comments	By Who	By WhB

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	Descriptor	Definition
	Beds	Number of funded beds on ward
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	Nurse sensitive indicators	Provide for the specified time period

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Date: 02/08/2018 **Ward:** AMU

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Since the last review the ward has moved into new accommodation with purpose built bays and a 10-trolley space ambulatory and 19in-patient beds, where it has been for approx 8months at time of review. NSIs good when factor volume and turnover of patients. 3 x complaints and 3-4 concerns relating to patients waiting and moving, and discharge which is wider theme across medicine. Falls are about the same as last year though staff report finding the bigger bay easier to manage and observe patients. Red flags x 27 - approximately the same as last year. Mixed sex breaches in ambulatory high due to use overnight for in-patients.
1.2	HR Indicators	Compliance with appraisals and stat and mand training below target at 50% and 72% - gaps in Safeguarding for MLE. Needs focused attention and should improve with increase in Band 6's who need to take on responsibility for smaller staff groups. Turnover 28% - lost some experienced senior staff - ward move, leadership clarity, some staff needing/wanting to develop eg ITU.
1.3	Finance	Ward overspent - due to change in footprint and use of ambulatory overnight, additional NA on day and night shifts. Also high reliance on agencies due to vacancies

		By Who	By When
2.1		Ward Leader and deputies	Dec-18
2.2		Execs via skill mix review	Approved at TMC in Oct 2018 as interim
2.3		Ward leader and DSN	0 3.6 52.

Date: 02/08/2018 **Ward:** Tisbury

	Themes/Concerns/Good Practice from Data	Comments	By Who	By When
1.1	Quality/Outcome Data	Nurse sensitive indicator data broadly similar to last year, 6 pressure ulcers (all grade 2), falls 42 - ward layout means the monitored		

Date: 29/11/2018 **Ward:** Redlynch

Themes/Concerns/Good	

Date: 29/11/2018 **Ward:** Pitton

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Quality outcome data reviewed - has improved on same time period last year - falls down slightly, complaints down, C-diff, MRSA,MSSA same as last year (since review has been 1x MRSA bactaraemia), pressure ulcers down. Red flags have increased -reflective of vacancies. Ward has had x2 new Band 7 ward leaders since last review, at time of review new band 7 3months in post. Ward noted to have higher acuity patients and number of incidents occur at night.
1.2	HR Indicators	Sickness low at 2.1% - 2 RNs on long-term sickness, stress a factor. 1 x RN due to go on maternity leave. Study leave high due to Nursing Associate trainee and overseas nurses. Ward has been on intensive support during the year. Small group of staff who work nights only. And small cohort of staff being managed around compliance with policies.
1.3	Finance	Ward overspent, with year to date £148k expenditure on specials which is significantly higher than last year, despite ward having had establishment uplifts over previous years.
1.4	Current establishment	Difficult to fully review due to number of vacancies. However as above high expenditure on specials of which higher proportion on nights due to trache care - consider uplift of 1x B5 at night. Ward also takes complex patients requiring 1:1 NA specials eg LD patients - small group who are regular attenders on ward.
1.5	Supervisory	Getting on average approximately 50% due to RN vacancies
1.6	Professional judgement of staffing ratios	However as above high expenditure on specials of which higher proportion on nights due to trache care - consider uplift of 1x B5 at night. Ward also takes complex patients requiring 1:1 NA specials eg LD patients - small group who are regular attenders on ward.
1.7	Safe Care Data	Unable to review as large amount of data is missing - ward leader actioning with team
1.8	Other supporting evidence to any proposed changes to skill mix	

		By Who	By When
2.1		Ward Leader / DSN	On-going
2.2		Via Skill Mix review	Apr-19
2.3		Via Skill Mix review	Apr-19
2.4			

All actions reviewed from 2017 Skill Mix review:
Recruitment campaigns undertaken - vacancies remain challenging, but new ward lead in post and new B6 recruited
Uplift of B5 to B6 - identified as requirment in this review
B4 role - Nurs Ass due to qualify in March 2019 - opportunity to increase
7-day ward clerk - Trust review been held

1st April - 30th September 2017

1st october 2017 - 31st March 2018

1st April - 30th June 2018

Date: 10/8/2018 **Ward:** Whiteparish

	Themes/Concerns/Good Practice from Data	Comments			By Who	By When
1.1	Quality/Outcome Data	Nurse sensitive indicators broadly similar to last year, pressure ulcers up at 11 some due to moisture but engagment in share and learn, falls downs at 76, and only 2 complaints - 1 related to a death and 1 discharge. Ward adapted well from move from Breamore up to Whiteparish template. 1 x MSSA and 1 x C-diff. Overall no concenrs	2.1		Ward Sister	Mar-19
1.2	HR Indicators	Sickness overall 5.7% - much higher in NA's than RNs. Excellent compliance with appraisals and stat and mand at 88% and 89% respectively - and much improved on last year.	2.2		Ward Sister/DSN	On-going
1.3	Finance	NA on nights now established in budget	2.3		Ward Sister	Dec-18
1.4	Current establishment	At time of review 4.26 vacancies for RNs and 0.67NA.	2.4			
1.5	Supervisory	Getting on average approximately 50% due to RN vacancies and 0. 26.4 re W.08 Tm [(2.)-28(4)]TJ Eah(p)-28ag500.88 434.52015D EMC ET /P <</MCID 129 >442.96 393.36 /P <</MCID hm.2 Tm se Tm 2 Tm /PCurrensor/MClofsoe/MCls/MCls/MClioC /P l judge/MClm/MCID /P <tso ofso</MCID 12Q 2.88 50.28 38 -0 0 2.808 412.2 Tm [(Cu)-28(rren)D58.5 ET /P				

Date: **Ward:**

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	All nurse sensitive indicators improved since last year pressure ulcers down from 11 to 7, falls down on last year from 96 to 59. Only 2 complaints with last one 4months ago. Action plan in place to further improve pressure ulcer management. Involved in CLECC project and one of outcomes was to have lead NA for the day and to ensure ward huddle held every day. Ward would like to do more with dementia support tools such as RITA -but need additional volunteers to support. Hydration stations to be reinvigorated and consider giving too lead NA for day to implement.
1.2	HR Indicators	Sickness average of 5%, which is higher than last year. Predominantly NA's and thought to be due to exhaustion - ward physically and emotionally challenging. Turnover high at 22% - insight would be again around patient workload, high numbers of highly dependent/challenging behaviour patients. Plus the additional 2 beds adds pressure to the workload.
1.3	Finance	Overspent - due to band 7 sickness, and block booking agency to cover vacancies, plus additional NA for extra beds.
1.4	Current establishment	Staffing numbers have not changed since last review. However the 2 additional beds consistently open and additional NA is booked to accommodate this with reliance on temporary staffing. At time of review vacancies have improved B6 0.6, B5 3.13, B2 4.06. Agreed needed to proactively recruit to band 6 as development opportunity and ensure recruitment to NA's maintained. Also opportunity to further increase B4 numbers
1.5	Supervisory	Achieving approximately 20% of the time - due to vacancies
1.6	Professional judgement of staffing ratios	The change of focus to RACE/AFU has seen increase in workload plus the additional beds. Ward has been through period of high vacancies, and need to ensure NA's recruited to and retained - less reliance on agency would help ward manage more effectively.
1.7	Safe Care Data	SafeCare data reviewed - the period of April - June 2018 shows actual as significantly higher than required and is at odds with previous year. To run the data from July - September to see if trend continues or has reversed back to normal

		By Who	By When
2.1		Ward Sister	Dec-18
2.2		Ward Sister	Complete
2.3		Ward Sister	Dec-18
2.4		Ward Sister/DSN	Feb-19

Date: 02/08/2018 **Ward:** Spire

	Themes/Concerns/Good Practice from Data	Comments	By Who	By When
1.1	Quality/Outcome Data	1 c-diff over this time period, no MRSA/MSSA bacteremias for the year (same as last year). 4 pressure sores grade 2 or above		

Date: 21/09/2018 **Ward:** Hospice

Date: August 2018 **Ward:** ED

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Quality measures reviewed, including ED specifics such as 4-hr breaches, time to treat etc. ED attendances increasing, particularly 70-89yr age group - increased co-morbidities and levels of dependency. Overall acuity levels increasing. SHINE checklist being introduced.
1.2		

		By Who	By When
2.1		Approved at TMC Oct 2018	Complete

POD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD 2017/18	
Elective (17/18)	384	418	403	457	389	417	460	466	421	3,815	
Day case (17/18)	1,562	1,886	2,076	1,881	1,869	1,901	1,847	1,829	1,481	16,332	
Non Elective (17/18)	1,925	2,041	2,099	2,043	2,101	2,060	2,126	2,143	2,123	18,661	
Outpatients (17/18)	18,953	22,273	22,210	20,644	22,006	20,886	23,538	23,737	19,216	193,463	
A&E (17/18)	3,817	4,015	3,982	4,125	3,948	3,815	3,965	3,920	3,834	35,421	
POD	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**YTD 2018/19**	**YTD Growth**
Elective (18/19)	371	445	444	448	428	409	487	477	418	3,927	2.94%
Day case (18/19)	1,772	1,857	1,762	1,759	1,750	1,619	1,961	2,037	1,703	16,220	-0.69%
Non Elective (18/19)	2,096	2,164	2,174	2,178	2,197	2,027	2,281	2,103	2,147	19,367	3.78%
Outpatients (18/19)	19,888	21,686	20,418	21,784	20,622	20,264	23,648	22,318	18,333	188,961	-2.33%

WARD STAFFING REVIEW
Aug-18

NB All these indicators are for period of September 2017 - June 2018

| Current Position | | |

	Descriptor	Definition
	Beds	Number of funded beds on ward
	Funded establishment	The establishment on the ward for all ward based posts ie nurses, nursing assistants, ward clerks etc
	Budget	Staffing budget only
	% Establishment uplift	The headroom on the ward to cover annual leave etc - this can be taken from Allocate to sho the average in the period
	Vacancies	Inlcude all current vacancies
	Staff on shift	Number of registered and unregistered on the early, late and night shift. If long days please indicate the numbers of staff who are on the ward at these times
	Shift pattern	Identify whether 2-shift (LD) or 3-shift (E/L/N) pattern. Where use a combination please choose the option most used.
	Admin support	Identify any additional roles on the ward which are not in the daily nursing requirements but that are funded from the ward budget
	Supervisory	Identify whether using supervisory shifts and how much time given to this ie 2 days per week = 0.4
	Skill mix	The percentage of RNs and NA's based on establishment
	RN staff relative to patients	If you have a 28-bed ward and you have 4 TN on the early shift then this would be 1RN to 7 patients
		As above but for late shift so may be you have 3TN on the late shift so this would be 1RN to 9 patients
	Staffing relative to population served	Same as above but count all RNs and NA's so if you have 7 on an early shift and is 28-bed ward this would be 1 nurse to 4 patients
		As above for late shift ie if you drop to 5 on the late shift then would be 1 nurse to 5.6 patients
	Turnover / absence	Overall percentage for the specified time period
	Nurse sensitive indicators	Provide for the specified time period

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Date: 21/8/2018

Date: 21/8/2018 **Ward:** Chilmark

	Themes/Concerns/Good Practice from Data	
1.1	Quality/Outcome Data	Nurse sensitive indicators reviewed - broadly similar to last year. No overall concerns with metrics for Chilmark
1.2	HR Indicators	Overall unavailability 26% - driven by sickness 4% (higher in NA's than RNs), study 3% (overseas nurses and Band 4) and maternity 3%. High vacancy and challenges with recruitment across ortho footprint. Excellent compliance with stat and mand training (97%) and appraisals (94%).
1.3	Finance	High agency spend due to vacancy level. Good cross ward working to reduce unnecessary spend. Increase use of alternative grades to compensate for recruitment issues with RN.
1.4	Current establishment	Adequate establishment for patient case load when no gaps in roster.
1.5	Supervisory	

		By Who	By When
2.1		Ward lead/DMT	Jan-19
2.2		Ward Lead / DSN / HR	on-going
2.3			
2.4			

Date: **Ward:** Odstock

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Low incidence of PUs and falls, less outliers on ward since merge of Burns and Plastics. 2 complaints but none since November 2107. Note high number of medication incidents since April 18 in line with increase in nursing vacancy. Theme noted of CD incidents involving bank and agency staff. Added to risk register.
1.2	HR Indicators	Sickness high at 10.3% (RN 7.6% and NA 15.1%) thought to 1-ea 0.049 Tw 38.4 4817(6%)11(a)35(nd N)lu27(h i)23(n

		By Who	By When
2.1		Ward Leader/DSN/Trust lead B1-4	Jan-19

Date: **Ward:** Spinal Unit - Avon

A

	Themes/Concerns/Good Practice from Data	Comments		By Who	By When
1.1	Quality/Outcome Data				

Date:

Ward: Tamar

Themes/Concerns/Good Practice from Data	Comments

No Band 7

No Band 6

Band 6 Vacancy WTE

Band 5 Vacancy WTE

Band 4 vacancy WTE

Band 3 vacancy WTE

Band 2 vacancy WTE
E- registered

Sisters/Charge Nurses

Staff Turnover

Sickness absence (average)

	Descriptor	Definition
	Beds	Number of funded beds on ward
	Funded establishment	The establishment on the ward for all ward based posts ie nurses, nursing assistants, ward clerks etc
	Budget	Staffing budget only
	% Establishment uplift	The headroom on the ward to cover annual leave etc - this can be taken from Allocate to sho the average in the period
	Vacancies	Inlcude all current vacancies
	Staff on shift	Number of registered and unregistered on the early, late and night shift. If long days please indicate the numbers of staff who are on the ward at these times
	Shift pattern	Identify whether 2-shift (LD) or 3-shift (E/L/N) pattern. Where use a combination please choose the option most used.
	Admin support	Identify any additional roles on the ward which are not in the daily nursing requirements but that are funded from the ward budget
	Supervisory	Identify whether using supervisory shifts and how much time given to this ie 2 days per week = 0.4
	Skill mix	The percentage of RNs and NA's based on establishment
	RN staff relative to patients	If you have a 28-bed ward and you have 4 TN on the early shift then this would be 1RN to 7 patients
		As above but for late shift so may be you have 3TN on the late shift so this would be 1RN to 9 patients
	Staffing relative to population served	Same as above but count all RNs and NA's so if you have 7 on an early shift and is 28-bed ward this would be 1 nurse to 4 patients
		As above for late shift ie if you drop to 5 on the late shift then would be 1 nurse to 5.6 patients
	Turnover / absence	Overall percentage for the specified time period
	Nurse sensitive indicators	Provide for the specified time period

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Date: **Ward:** Britford

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Nurse sensitive indicators reviewed, pressure ulcers down to 2 from 5 last year, falls down from 26 to 13 and complaints at 4 same as last year.
1.2	HR Indicators	Good compliance with appraisals (93%) and stat and mand (85%). Sickness excellent at 1.5% - well below Trust average

		By Who	By When
2.1		Via Skill Mix review	Post Board approval

Date: **Ward:** Radnor

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Nurse sensitive indicator data reviewed - PU's x 14 up on last year from 8 - relate to trache's, ET tubes ties and some arrived from ward). Complaints x 3. Overall no significant concerns. Challening year with major incident - but team highly commended on management of situation and with no detrimental impact on other patients.
1.2	HR Indicators	Overall unavailability 29.6% for the year. Sickness at 4.1% slightly higher than Trust target of 3%. Turnover peaked at beginning of year but not signicantly high at 8.4%.
1.3	Finance	
1.4	Current establishment	Vacancies - Lead nurse role currently vacant. 9.73 Band 5 vacancies - 1 due to commence Nov and 1 Jan 2019. Critical care recruitment day being planned. Discussion on newly-qualified nurses and agreed to look to take 1 next year - using hub and spoke approach with wards.
1.5	Supervisory	

		By Who	By When
2.1		Lead Nurse	Sep-19
2.2			
2.3			
2.4			

Date: 21/09/2018 **Ward:** DSU

	Themes/Concerns/Good Practice from Data	Comments		By Who	By When
1.1	Quality/Outcome Data	Challenges across the year from additional capacity being opened, but team manage and Trust provides focuse when this occurs. Zero pressure ulcers (4 last year), falls low and generally occur when escalation open. 1x c-diff related to escalation. Complaints - 1 cancellation due to power cut, few around escalation and 1 gynae procedure follow up.	2.1	Ward Sister / DSN	Mar-19
1.2	HR Indicators	Good compliance with appraisals but study day and mandatory training. Sickness - long term and staff dropping hours. Roster check and challenge meeting completed and identifed some raff a415.08 Tm [(H)6(R)6( )1(I)-17u(18.2Qe)1(S)13(i)32(t)15(aft)15(eda(ac)-7)42(ear)-3(o-40(an(es)17(c)-7(al)-17(a)1(s)17(om)1(r)-)1(r)/P <</MCID 45 >>BDC /TT0 1 Tf700.003 Tc 0.003 Tw 4.56 -0 0 4.56 405.48 435.72 Tm [(2.)-1			

Appendix 6

Midwife to Birth Ratio

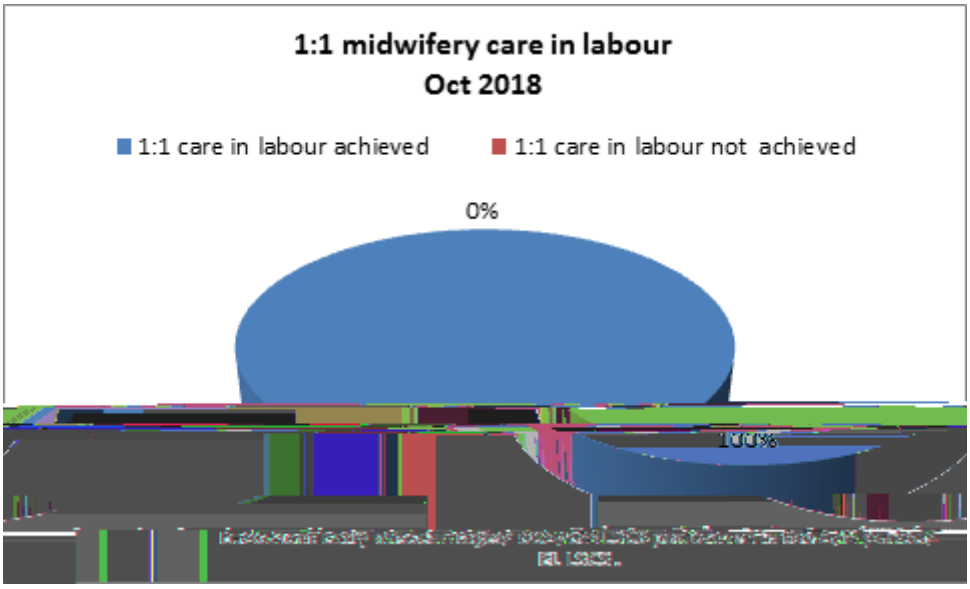
Jan-18	76.21	194	2	196	1:31	30.86	
		177	3	180	1:28	28.34	30.1
Apr-18	76.21	180	1	181	1:29	28.50	30.0
May-18	76.21	219	2	221	1:35	34.80	30.4
Jun-18	76.21	187	4	191	1:30	30.07	30.3
Jul-18	76.21	176	2	178	1:28	28.03	30.1
Aug-18	76.21	198	0	198	1:31	31.18	30.3
Sep-18	76.21	180	2	182	1:29	28.66	29.9
Oct-18	76.56	194	2	196	1:31	30.72	30.1
Nov-18	76.56	166	3	169	1:26	26.49	29.5
Dec-18	78.56						
Jan-19	79.56						

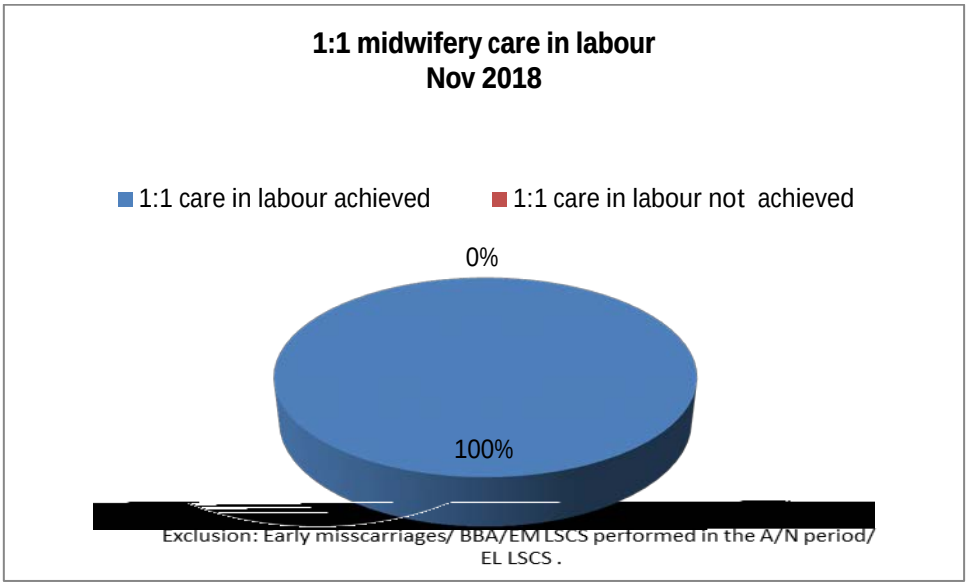
Totals		11475	135	11610	

Notes: Since Jan 2017 ratio is based on

Appendix 7

1:1 Midwifery Care in labour Audit
2018-2019 Q3 report





8.0 Discussion:

In Q2, 1:1 care in labour was achieved in 100% of cases.

9.0 Actions

No	Action	By who, by when	Evidence	RAG
1	No actions required			Green