Trust Board meeting **SFT**

TITLE OF REPORT Six Monthly Skill Mix Review to Trust Board

Date: August 2015

Report from: Denise Major, Acting Deputy Director of Nursing

Presented by: Lorna Wilkinson, Director of Nursing

Executive Summary:

The third skill mix review has been completed and is being presented to the Trust Board to allow for a discussion on the findings, and to agree a way forward on recommendations.

It is the Director of Nursing's responsibility to oversee a twice yearly skill mix review and present the findings to the Board in an open and transparent manner. The Trust Board have a collective responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability (NQB). It is therefore the role of the Board collectively to receive the skill mix review, consider the findings, and agree a way forward with any recommendations, taking in the wider context of the Trust.

This report provides the Board with information on the continuing national guidance being issued around nurse staffing, a progress report on the 2015 skill mix review, and an update on the investment allocated in 2014/15.

The latest review covers the Emergency Department and Maternity for the first time as well as the inpatient ward areas. All of these areas have been subject to a detailed skill mix review before being presented to the Trust Board in August. The reviews were undertaken using a defined approach to ensure consistency for comparison which included a range of information; triangulating the ward staffing levels against nurse sensitive indicators, NICE standards, quality indicator / outcome data, HR indicators, and financial information. Professional judgement was ensured as each review has been undertaken by the Directorate Senior Nurse and Ward Sister with a DSN/Lead Nurse from outside the Directorate to add objectivity and provide initial challenge.

Proposed Action:
The Board are asked to:

- Discuss and agree any areas for investment from this skill mix review paper with full impact analysis to be included in next skill mix review due December 2015
- Support the actions listed in 8.2 with reported outcomes of this work incorporated into next skill mix review due December 2015

- Support the analysis work from the Safecare tool across the ward areas to inform future skill mix requirements
- Support the continuation of recruitment and retention activities

Trust Board August 2015

Title	Six Monthly Skill Mix Review – June 2015
Meeting Date	3rd August 2015
Sponsoring Executive	Lorna Wilkinson – Director of Nursing
Author	Denise Major – Acting Deputy Director of Nursing

1. Background

The government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry 'Hard Truths – The Journey to Putting Patients First' (DH 2013), was published in November 2013. In its executive summary the report highlights the importance of safe staffing and refers to the National Quality Board published guidance *'How to ensure the right people, with the right skills, are in the right place at the right time'* which clarifies the expectation on all NHS bodies to ensure that every ward and every shift have the right number of nursing staff on duty to ensure that patients receive safe care. It requires Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

There are 10 expectations within the NQB guidance (see appendix A) with three key reporting elements that each Trust is required to have in place:

- The clear display of information at ward level about the nurses, midwives and care staff present on each ward on each shift.
- The publication of ward level information on staffing requirements and if these are being achieved on a ward by ward, shift by shift basis through the publication of planned versus actual nursing and midwifery staffing levels.
- The completion of a detailed skill mix review which is presented to Board every 6months.

This report serves as the third review of ward based staffing at Salisbury NHS Foundation Trust and follows on from the mid-year review in October 2014. During 2014/15 there was investment into nurse staffing as a result of the 2 skill mix reviews totalling £917 000.

- April 2014 - £800 000 to fund supervisory band 7 ward sisters, establish the minimum 1:8 ratio on day shifts, and support 2 band 6 junior sister posts as a baseline on each ward
- October 2014 - £117 000 to fund extra staffing requirements identified on Durrington and Amesbury wards.

Following the detailed skill mix reviews that have taken place in April 2015, this report provides an assessment of the nurse staffing provision at Salisbury NHS Foundation Trust as assessed locally and against national guidance and validated tools. This results in recommendations where additional investment is identified as well as highlighting early indications of future investment which might be required.

2. Guidance on Safer Staffing:

NICE has produced guidance for safe staffing levels, this programme is currently paused following NHS England announcement in June 2015 but existing publications are still applicable:

- Safe Staffing of Adult Wards in Acute Settings July 2014
- Safe Midwifery Staffing for Maternity Settings Feb 2015
- Safe Staffing for Accident and Emergency Settings was due to be published in May 2015 but currently on hold.

3. General Wards:

3.1 NICE Safe Nurse Staffing of Adult Wards in Acute Settings:

A gap analysis was undertaken against this guidance when it was published with the Trust meeting virtually all of the standards as most were already evident within the NQB guidance. An action plan was developed and is currently being updated following implementation of the Safer Care Module and establishing a process for 'red flag' reporting.

3.2 Ratio of RNs to Patients:

NICE guidance acknowledges that there is no single nursing staff to patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs but work undertaken by the RCN and Safe Staffing Alliance demonstrated that a ratio of more than 1:8 was more likely to lead to poor patient outcomes. There is a recommendation that day shift ratios in general wards should not exceed 1:8. All wards at Salisbury FT are compliant with this ratio on day time shifts during the week but there are some wards (Redlynch and Pitton) who reduce this ratio at weekends.

Night shifts have a higher ratio of RN to patients and range from 1:5-1:16. These ratios reflect the patient case mix on these wards. The one ward with a night time ratio of 1:16 (elective orthopaedics) is currently under review to explore use of twilight shifts. See section 8.2

3.3 Ratio of RN to Nursing Assistant (NA)

The ratios of RN:NA are listed in appendix B. Not surprisingly this differs from ward to ward depending on case mix of patients. The wards range from 80:20 to 50:50, however there are 2 wards that fall below 50% RNs**;** Avon (46:54) and Tamar (45:55).

Both of these wards are within the Spinal Injuries Rehabilitation Unit and have a higher number of band 3 positions than other ward areas. The band 3 nursing assistants have specific competencies and have an important role in supporting patient care. This is exemplified by respiratory competencies where the band 3 can support a registered nurse with acute care needs. An increase in the number of band 3s however, has reduced the ratio of RN:NA.

In areas where we are developing the Band 4 roles (such as elderly care) this can have a negative impact on the ratio even where it adds to the continuity of ward staffing and enhancement of skills. It will be important in the future as this part of the workforce grows to explain where this may be impacting on this ratio.

3.4 Care Contact Time

In November 2014 NHS England published a Guide to Care Contact Time. This compliments the NQB and NICE guidance, in providing an additional way of looking at nurse staffing by assessing time spent involved in direct patient care. The Trust has carried out some initial work on this in evaluating a Band 1 ward assistant role, which demonstrated how much direct care contact time could be reinvested into nursing time. As a result the clinical Directorates are considering where this role may

be appropriate. The Director of Nursing is currently considering how evaluation of care contact time can be used to best effect in other targeted areas. It is also important to note that as part of the Lord Carter programme examining productivity and efficiency within the NHS, the Trust is one of 4 hospitals nationally reviewing in detail the metric of Nursing Hours per Patient Day (NHPPD).

3.5 Skill Mix Review Methodology:
All inpatient wards have been subject to a detailed skill mix review during April. The reviews were undertaken using a defined approach to ensure consistency for comparison which included a range of information; triangulating the ward staffing levels against nurse sensitive indicators, NICE standards, quality indicator / outcome data, HR indicators, and financial information. Professional judgement was ensured as each review has been undertaken by the Directorate Senior Nurse and Ward Sister with a DSN/Lead Nurse from outside the Directorate to add objectivity and provide challenge.

Trust bed capacity modelling and the proposed bed footprint are currently being reviewed by the Chief Operating Officer, Director of Nursing and Medical Director and this report will need to be considered in light of any changes.

3.6 Findings:
The overall assessment is that the majority of wards have satisfactory staffing levels when vacancies are reduced, the hospital is running efficiently and bed capacity is matched to demand. However there are several areas where concerns are still raised

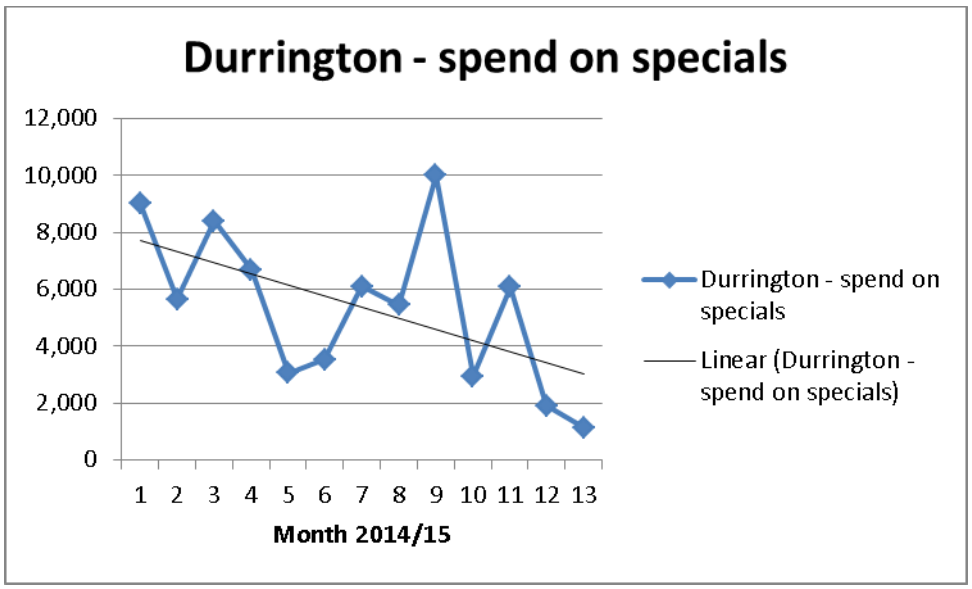
Initial analysis and findings of the skill mix reviews are included in Appendix B. The budgeted RN:Patient staffing ratio is demonstrated by shift alongside the RN:NA ratio. The Supervisory Ward Sister/Charge Nurse role is in addition to these ratios.

All ward staffing levels are assessed daily by the nurse in charge and escalated to the Directorate Senior Nurses where it is felt the staffing levels do not match the acuity/dependency of the patients or where there are concerns around any shortfalls against planned levels. Night staffing levels have been included for review but it is nationally recognised that staffing levels are reduced at night time. Several wards utilise varied shift patterns such as twilights to maximise staffing to peaks in demand.

From the investment in 2014:

- the supervisory ward sister role continues to develop and a development programme was completed for the band 7 ward sisters in 2014/15, with ongoing action learning groups and a ward accreditation process to be developed as part of this concept. As previously reported some wards have not been able to fully introduce the role due to the number of registered nurse vacancies and the requirement for them to be counted within the establishment shift numbers.
- All wards now have 2 band 6 posts, this has been a positive development across the ward areas in succession planning for our future ward leaders and allowing us to flex into increased winter capacity using these band 6s to ensure consistent and strong leadership in our escalation areas. It has also allowed us to introduce senior clinical leadership cover across 7 days.
- Following the October 2014 mid-year review further investment was provided for 2 areas.
  - Amesbury Ward (elective orthopaedics) uplifted the late shift to include an additional registered nurse on the late which reduced the ratio from 1:11 to 1:8 at a busy time of the day when patients are returning from theatre and helping with the management of the workload moving into the night . This has improved safety and quality on the ward, a

concerning theme from complaints on this ward was delays in care, and delays in obtaining pain relief. During Q4 the ward received only 1 complaint.
-Durrington Ward uplifted the night shift to include an additional nursing assistant due to the increasing requirement to provide 1:1 specialling to an increasing number of high risk patients. This resulted in a reduction in the use of specials overnight, which has now been eliminated – the remaining spend below is on day shifts.



3.7 April 2015 Findings:

3.7.1 There are 2 key areas within the general wards where investment is recommended:

- **Redlynch (Gastroenterology) and Pitton (Respiratory) Wards**

Staffing numbers on these 2 acute medical areas (Pitton, Redlynch) was uplifted during 2014 with all other wards but this didn't cover the weekend day shifts. This results in the RN to patient ratio rising above 1:8 (1:9) on Saturday and Sunday. There is no clear rationale for this differential as there is not a decrease in patient numbers, acuity, and dependency at these times. This leads to increased use of temporary staff due to patient acuity.

3.7.2 There are 2 areas that have identified staffing changes since the last skill mix review that are currently managed within the existing budgets and establishments:

- **Laverstock Ward (Plastic Surgery)**

Laverstock Ward are currently piloting an additional band 4 on the late shift 6 days per week. This is to support the activity that occurs later in the day without using an RN. Existing staff have changed their working patterns from short-shifts to long days and this is therefore achieved without impacting upon the budget. Of note – Laverstock is a ward that doesn't have a recruitment problem, uses low levels of temporary staffing and doesn't have an overspend.

- **Sarum ward (Paediatrics)**

The RCN has published guidance (Defining staffing levels for children and young people's services RCN Guidance 2013) for staffing in Paediatrics. During the Mock CQC visit in September 2014 non-compliance to RCN standards for staffing levels was raised by the Paediatric Matron on the group; her recommendation was that this should be reviewed. There is a Day Assessment Unit (DAU) co-

located with the ward which is open Monday to Friday 08.30 to 20.30. On the day shift the ward is staffed with 2 registered nurses and 1 Nursing Assistant and DAU is staffed with 2 registered nurses; these nurses work together flexibly to support the ward and DAU. On the night shift the ward was staffed with 2 registered nurses and 1 Nursing Assistant. DAU is closed at night. There is a 3rd RN at night on Tuesday nights due to an increase in acuity following the cleft list which means high dependency requirements.

Over the winter months due to concerns about the night shift, Sarum ward piloted a trial of 3 registered nurses at night with no nursing assistant. This has been managed within budget (cost per annum 26K) and immediately corrected the staffing concern. Qualitative feedback from the recent winter trial with 3 RNs has been extremely positive. Quantitative data is being analysed however early feedback suggests no ward closures occurred due to staffing levels when there were three RNs on nights and there has been a reduced number of transfers to Southampton PICU as we were able to provide high care to sick children.

3.7.3 There are also other areas to note, where further investment may be required but this is dependent on further analysis

- **Headroom** of 19% does not cover required headroom in all areas – see section 6
- **Downton** – continue to support staffing on Clarendon (private patients unit) without substantive staffing numbers. The provision of private and amenity beds is being reviewed and the outcome of this will identify future staffing requirements.
- **Amesbury** – The late shift was uplifted in the last skill mix review to improve the RN:patient ratio. However, the night shift remains at 1:16 and themes via RTF and Friends and Family identify lateness of medications at night and noise. A pilot is required to trial the use of an RN twilight shift compared to increasing the night shift by an additional RN
- **Avon Ward** - Review of staffing was undertaken in 2012 with no funded changes to establishment. Data from Safecare is currently being analysed by Allocate. Further benchmarking with a similar clinical setting is also in progress. Using professional judgement, an increase of 2.3WTE RN and 5.0WTE Band 3 NA has been proposed to ensure adequate provision for 3 respiratory and 18 acute spinal injury patients. Of note this ward currently has 4 closed beds due number of staff vacancies. The recommendation from this skill mix review is to continue the evaluation and benchmarking exercise for this area in order to inform any increase in capacity.
- **Radnor** – layout of new unit means that when side rooms are all in use there is the need for a 'runner' overnight. Further analysis is required on this regarding occupancy and activity.
- Staffing on **Whiteparish** reduces at the weekend and further analysis of this is required using Safe Care data.
- **Redlynch** – further analysis of the use of specials at night and the requirement for an additional NA. Safecare data to be reviewed
- **Pitton** has become a dedicated respiratory ward with an increasing acuity which requires analysing via Safe Care data and other quality metrics to inform the next skill mix review.

4. **<u>Maternity</u> –** Not previously included in the skill mix review

NICE Safe Midwifery Staffing for Maternity Settings

This recently published guidance is being considered by the Head of Midwifery alongside the Birthrate Plus recommendations. Birthrate Plus is a validated tool used as a framework for workforce planning in maternity units. The Trust commissioned Birthrate Plus to carry out a review of maternity staffing requirements over a 3 month period Oct 2014 – Jan 15. The report was shared with the Trust in March 2015 and is forming the basis of the maternity staffing review in order to

work towards a midwife to birth ratio of 1:32. As an immediate investment the Head of Midwifery is recommending phase 1 of this work to fund 5 Band 6 midwives. The maternity unit ran at an average midwife to birth ratio last year of 1:40, this is much higher than national recommendations.

5. **Emergency Department** – Not previously included in the skill mix review

NICE Safe Staffing for Accident and Emergency Settings:
This guideline had been released in draft format prior to the pause on NICE staffing publications. The Lead Nurse for Emergency Medicine has completed a gap analysis and based her skill mix review on the key recommendations as well as ECIST (Emergency Collaborative Intensive Support Team) feedback. Key recommendations are for:

- additional staffing into Band 6 posts to ensure senior nursing cover across shifts 24/7 (an increase required of 2.76 WTE)
- introduction of a band 5 flexible nurse to cover Majors and Resuscitation areas depending on clinical need, in order to increase the nurse to patient ratios in these areas at times of peak demand

6. **Allocate Electronic-Rostering and Safe Care Module:**

In order to enhance rostering efficiency and understanding of patient acuity and dependency the Trust has been implementing the Allocate E-Rostering system and SafeCare Module, utilising the Shelford tool as endorsed by NICE in guiding a systematic approach.

6.1 Headroom
E-rostering is now in place across all inpatient areas with Maternity the most recent department to 'go live'. Trust data available from the Allocate system is showing that the average headroom requirement is 22% which is 3% over and above the current headroom available of 19%. This impacts on the wards ability to cover the shifts required, which then incur bank/agency costs, and so further review is a key recommendation of this report. Due to the variability in managing within this headroom a targeted approach is advocated in order to assist those areas who cannot manage within a 1% study leave ceiling due to high level of newly qualified and overseas nurses on preceptorship programmes.

6.2 E-Rostering Performance
During 2015/16 the Safer Staffing Steering Group are focussing on efficiency of rostering through the reporting and review of KPIs generated through the Allocate system via Roster Perform. This data has become available from April 2015. The Trust is also one of 22 acute organisations involved in the Lord Carter Programme reviewing productivity and efficiency, with nurse staffing a key workstream of this. The work to date is informing our rostering policies and practices.

6.3 Safe Care Module
SafeCare has been rolled out during Q4 2014/15 to all inpatient wards (except ITU, ED and Paediatrics) and analysis is only now becoming available for the early implementers. The commitment of ward leaders has been excellent and patient acuity/dependency data is being entered for every shift onto the SafeCare module by all the wards. Data entries align with information taken directly from the rosters to provide evidence of either excess levels of staffing or staffing shortfalls and these can be extracted into a reporting format. All information needs to be treated with caution at this stage as the system develops, as wards are only beginning to interpret the tool and at present no account is taken of other nursing tasks which are built in (i.e. patient escorts from the ward, large burns/plastics dressings etc). The output of this module should allow us to monitor where nurse staffing is or isn't matching patient demand (based on acuity and

dependency, and key nursing activities). This data will be reported through the Safer Staffing Steering Group and will inform future planning.

7. Recruitment and Retention:

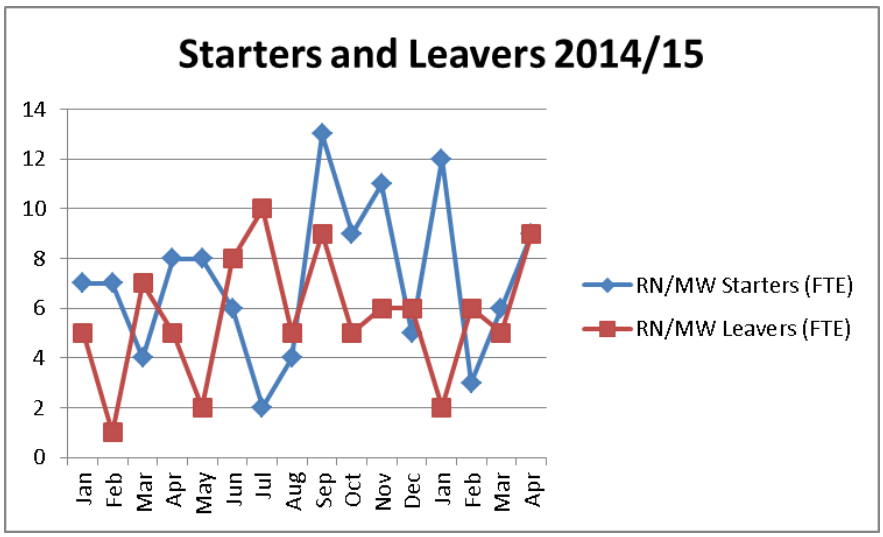
The high number of nursing vacancies within the Trust has continued and there are active recruitment programmes both within the UK and overseas. Unfortunately, despite these efforts some vacancies have still not been recruited to following the nursing uplifts agreed in 2014. There is an ongoing high usage of temporary nursing staff across the Trust with work ongoing to reduce this requirement as successful recruitment takes place.

A total of 32 newly qualified nurses started in the Trust from October 2015 – April 2015. Open days will continue for nursing, midwifery and AHP students who are starting year 3 of their training, in an attempt to showcase the opportunities and benefits in working for the Trust. Many are being recruited up -to 10 months pre-qualification and this will be an opportunity to encourage applications for positions here. Applicants for current band 5 positions are predominantly from student nurses who will qualify in September 2015.

A total of 36 nurses have been recruited from Italy since December 2014 with a further 2 due to start in September 2015.

The Trust has committed to supporting the development of clinical educator posts to support nursing staff in practice – this will include those on the preceptorship programme, overseas recruits, return to practice, and those working towards the Care Certificate. Work is also underway to review and develop Band 4 roles further into areas experiencing a high vacancy factor such as elderly medicine.

The graph below shows the number of starters and leavers. Despite the turnover being relatively low our vacancy levels remain elevated, particularly in some areas (Farley, Winterslow, Amesbury and Spinal). It is imperative that we remain focussed on recruitment programmes. Competition against surrounding Trusts, an increasing number of staff choosing to work for agencies and an ageing workforce will continue to impact the existing vacancy rate. There will be no benefit felt from any national increase in the number of University training places for at least 3 years and attrition from nursing training as well as leavers in the first year are recognised problems nationally.



8. Recommendations:

The Board is asked to note the findings of the report and agree the areas for action:

8.1 Investment

- Support a pilot period of additional staffing for Pitton and Redlynch to have equal RN staffing at the weekends as the weekdays, with full evaluation of cost and quality outcomes. Approximate cost £16, 874 (Pitton) and £16, 874 (Redlynch). Total = £33,748
- Support additional staffing for ED to increase number of band 6 nurses by 2.76WTE in order to provide 24/7 cover, approximate cost £117, 954. This has been implemented using non-recurring Resilience monies for 2015/16 which the Trust received in Q1. Recommend that this is fully evaluated through the year in order to inform 2016/17 investment.
- ED Band 5 resus/flexible nursing resource 1.91 WTE £65,799 to provide nursing resource in majors/resus. This has been implemented using non-recurring Resilience monies for 2015/16 which the Trust received in Q1. Recommend that this is fully evaluated through the year in order to inform 2016/17 investment.
- To work towards a 1:32 ratio requires phase 1 immediate investment of 5 band 6 Registered Midwives at a cost of £187, 000.

Headroom:

- Review the current headroom of 19% to move towards 22% where required and as reported in Allocate. Approximate cost across all clinical areas £685, 979 but a phased approach is advocated targeted at those areas with a high number of newly qualified or overseas nurses with high study leave requirements. It is recommended that 3 areas are identified with example costs in the region of - Pitton £24,851, Redlynch £22,195 and Avon £27,445 giving a total cost of £74,491.

8.2 Further analysis to inform future skill mix reviews:

- Medical Directorate to review and evidence the requirement for an additional NA staffing on Redlynch at night to support reduction in specialling. Analysis of Safecare data required.
- Medical Directorate to explore and analyse the nursing resource requirements put forward in the ED skill mix paper to enhance cover in the Minors and the Paediatric area
- Medical Directorate to review the nurse staffing requirements on Pitton ward now it is a designated respiratory ward using quality indicators and Safe Care data.
- Surgical Directorate to review and evidence the need for a Radnor band 2 (nights) in response to the change to environment
- MSK Directorate to assess the effectiveness of changing a late band 5 to a twilight on Amesbury to improve the timings of drug rounds at night whilst not impacting on the transfers from Recovery later in the day
- MSK to assess the staffing requirements to support 21 beds inclusive of 3 HDU beds on Avon. Fully analyse nurse staffing within the context of on-going full review of spinal services.
- MSK Directorate to assess and evaluate the need for an additional Band 4 on Laverstock late shift 6 days per week, currently being managed within budget. This should then inform the next skill mix review.

- CSFS Directorate to continue the winter pilot of a 3rd RN on Sarum ward at night which is currently being managed within budget and evaluate the impact to inform the next skill mix review
- Clarendon work to be completed so that staffing can be agreed which will remove staffing requirements from Downton
- Work with HR to fully embed the use of exit interviews for all nurse leavers

8.3 Trust Board Actions:

- Agree areas for investment from this skill mix review paper with full impact analysis to be included in next skill mix review due December 2015
- Support the actions listed above in 8.2 with reported outcomes of this work incorporated into next skill mix review due December 2015
- Support the analysis work from the Safecare tool across the ward areas to inform future skill mix requirements
- Support the continuation of recruitment and retention activities

Appendix A

NQB Expectations and Trust Status April 2015

Expectation	Progress	Action
Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery, and care staffing capacity and capability	• The Board receives a number of reports each month which provide information on quality and standards of patient care. Board agrees ward based staffing requirements through the 6 monthly skill mix review and is also informed through the monthly safer staffing reporting and quality indicators report.	
Processes are in place to enable establishments to be met on a shift to shift basis	• Daily staffing levels recorded on a shift by shift basis through allocate e-roster system. • Review of staffing at the twice daily bed meetings to identify any areas of risk and agree action required. This often involves moving staff around if there are gaps. • Ward level capture of 'red flags' as described in NICE guidance 2014.	
Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability	• During Q4 the allocate safer care module was rolled out which is based on the Safer Nursing Care Tool. This is an evidence based tool that enables nurses to assess patient acuity and dependency. This data will be measured continuously in order to inform future skill mix reviews. • Skill mix reviews do triangulate nurse sensitive indicator data and professional judgement alongside the above. • Allocate roster perform data and safer care module data to be reported into the Safer Staffing Steering Group by each Directorate. This group is chaired by the DoN. • NICE have recommended a ratio of one Registered Nurse (RN) to eight patients 1:8. This is not a mandated requirement and other factors need to be considered e.g. patient acuity and dependency, as well as support roles such as Assistant Practitioners. The 1:8 ratio is reviewed as part of the skill mix review • The Trust commissioned Birthrate Plus to carry out an extensive 3 months review of our midwifery staffing. This report was shared with in March 2015 – recommendations form part of the skill mix review paper. NICE guidance on maternity staffing was also published in February 2015 which will also form part of this review. • The Chief Nursing Officer for England has produced a document Safer Staffing: A Guide to Care Contact Time (Nov 2014) which strongly recommends that Trusts assess care contact time on their wards. It is important to note that there are no validated tools published for the process but suggestions given to using productive ward tools or a system of time and motion clocks. We have used some of this methodology to evaluate the pilot of a band 1 ward assistant in elderly care in showing how direct contact time can be increased through such role development. • The Director of Nursing is working through the Safer Staffing Steering Group on how direct contact	Safer Care data to be used as the basis of future skill mix reviews. Directorate reporting into Safer staffing Steering Group Complete midwifery case and commence monthly reporting through Nursing, Midwifery, Therapy workforce steering group Scope and plan how care contact time will be introduced.

	time can be utilised within the Trust in a way which is meaningful.	
Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns	• Raising Concerns Policy in place for many years • NMC revised code – information has been sent out to all staff and presentations delivered at NMF • NMC revalidation • Nursing and Midwifery and AHP Strategy due for launch June 2015 – very clear on responsibilities of nurses and midwives to put the interest of people in their care first.	Revalidation readiness Strategy launch
A multiprofessional approach is taken when setting nursing, midwifery and care staffing establishments	• Ward leaders are involved in the skill mix reviews and establishment setting • Roles beyond nursing are considered as part of this process e.g. band 1 ward support role on Winterslow, admin support for nursing staff on Britford • Key workforce groups are multi professional • Skill mix review papers are fully worked up with input from executive colleagues	
Nurses, Midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	• Current headroom is set at 19% to cover sickness, leave and continuous professional development • Through Allocate e-rostering system this has been monitored over the last 6 months which is showing a need for 22% which is the national average allocated. • The impact of this is being explored further by the DoN • Ward leaders were made supervisory in 2014. This has released time for them in their management of the ward, monitoring of quality standards, and most importantly being visible clinical leaders working alongside staff and coordinating care. • A Roster Policy is in place which has been revised since the implementation of Allocate. E-rosters are monitored against the KPIs for managing annual leave etc through the Safer Staffing Steering Group. • Mandatory training and appraisal rates are monitored via the workforce report through the Directorate 3:3s, and has identified a need for improvement through 2015. • Clinical educator posts have been agreed which will allow greater supervision of staff in practice as part of the preceptorship programme, obtaining the Care Certificate, and the introduction of a Return to Practice course during 2015	Headroom to be revisited
Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every 6 months on the basis of a full nursing and midwifery skill mix review	• Safer staffing report is presented to Board each month detailing down toward the planned versus actual nurse staffing • Full workforce report developed 2015 which covers all staff groups • A skill mix review is presented to the Board twice per year. • These are published on the Trust's website	
NHS Providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, dept on each shift	• Displayed on all wards • New information Boards being implemented May 2015	
Providers of NHS services take an active role	• Recruitment plans in place and continuously reviewed.	RTP scheme to be

in securing staff in line with their workforce requirements	• Safer Staffing Steering Group oversees this work. • EU recruitment campaign running through 2015/16 • Recruitment and retention initiatives under constant review – includes rotational posts and return to practice • Close working with local universities and HEW	implemented Recruitment and Retention Plan 2015/16 to be developed

Appendix B
Six Monthly Skill Mix Review June 2015

Ward	RN: Patient Ratio (Early)	RN: Patient Ratio (Late)	RN: Patient Ratio (Night)	% RN : HCA (based on establishment)	Comments / Recommendations
Whiteparish	1:5 (1:6)	1:5 (1:6)	1:5.6 (lower with twilight)	72:28	Review band 5 to give 7 day cover. Consider future review of increasing day shift and 24hr band 6 cover. Analyse safecare data
Tisbury	1:4.5/2.5	1:45/2.5	1:5.75	75:25	Staffing currently appears adequate
Pitton	1:6.75(1:9)	1:6.75(1:9)	1:7.6	59:41	Review band 5 to give 7 day cover. Band 7 vacancy now filled. Vacancies remain since previous staffing uplift and impacting on respiratory skills
Redlynch	1:6.75(1:9)	1:6.75(1:9)	1:7.6	57:43	Review band 5 to give 7 day cover. Consider band 2 at night to reduce use of specials.
Farley	1:6	1:6	1:10	55:45	Staffing currently appears adequate
Durrington	1:7	1:7	1:10.5	55:45	Additional NA on night shift in place. Review use of specials in the day
Winterslow 40	1:8	1:8	1:13.3	49:51	Review roles of band 4 and band 1. For 40 patients consider increasing band 2 on late
Pembroke	1:5	1:5	1:5	81:19	Staffing currently appears adequate
Hospice	1:5	1:5	1:5	60:40	Ensure 2 RN on each shift – review impact on temporary staff usage
Amesbury	1:6.4	1:8	1:16	50: 50	High levels of vacancy continue. Pilot additional RN on night by using a band 3 instead of 5 on late or use of twilight shift. Additional RN alone approximate cost £85k
Chilmark	1:6 (8)	1:8	1:12	55:45	Staffing currently appears adequate
Burns	1:6 (1:3 Paed)	1:6 (1:3 Paed)	1:8.5	80:20	Review need to cover weekends as weekdays with band 2. Approximate cost £14,973. Analyse safecare data
Laverstock	1:5.2	1:8.6	1:8.6	66:34	Using current establishment increase Band 4 on late 6 days per week (by staff undertaking long days)
Avon	1:4.25	1:5.6	1:10.5	46:54	4 beds remain closed. High level of vacancy. Full analysis in progress with comparison to other SIU and safecare data
Tamar	1:7	1:7	1:10.5	45:55	Increase in number of 5 man turns with impact on night shift. Analyse safecare data

Britford	1.5.8	1:5.8	1:10	64:36	Trial of ward admin assistant within budget. Analyse Safecare data for additional RN
Downton	1:7	1:7	1:12	62:38	Review establishment and requirements to support Clarendon
DSU ward	1:7	1:7	N/A	78:22	Staffing currently appears adequate
Sarum	1.8 (5)	1.8	1.5)	73:27	Pilot increasing RN to 3 at night from 2 for 6 nights per week. Currently being managed within budget
ED					Increase number of band 6. Flexible use of band 5 in resus/majors
Radnor	ICS Levels of care 1:1 or 1:2				Consider additional band 2 at night

Numbers in brackets denotes weekends