

Report to:	Trust Board (Public)	Agenda item:	SFT 4084
Date of Meeting:	02 August 2018		

Report Title:	Nursing Skill Mix Review			
Status:	Information	Discussion	Assurance	Approval
			X	X
Prepared by:	Fiona Hyett, Deputy Director of Nursing Fiona Coker, Head of Maternity Services			
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Appendix 1: Policy Context Appendix 2: INSIGHT KPI Appendix 3: Unavailability by Ward Appendix 4: Safecare CHPPD Data by Ward Appendix 5: Nurse Training Options Appendix 6: Nurse Staffing Ratios Appendix 7: Birth – Midwife Ratios			

Recommendation:
<p>The Board are asked to receive this 6 monthly update on the nursing skill mix review which provides assurance that the Trust is exercising its responsibilities as set out by the National Quality Board in receiving a transparent and detailed report on nurse staffing at Board. The Board are asked to receive assurance on:</p> <ul style="list-style-type: none"> staffing establishments across the wards, key performance indicator monitoring of staff deployment, and associated risks <p>To approve</p> <ul style="list-style-type: none"> the recommendations which will inform the work of the full skill mix review which is about to start and will be presented to Board in Q4

Executive Summary:
<p>Purpose:</p> <ul style="list-style-type: none"> The report provides an update on the skill mix review which took place in 2017. 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. Underpinning detail is found within the appendices.

Background:

- A 6-monthly staffing review has been published to TMC (formally JBD) and Trust Board since it became a requirement in 2014. The review findings have been reviewed at the Nursing and Midwifery Forum.
- In November 2013 as part of the response to the Francis Enquiry, the National Quality Board published a guide to nursing, midwifery and care staffing capacity and capability (2013) 'How to ensure the right people, with the right skills, are in the right place, at the right time'. This guidance was refreshed and broadened and re-issued in July 2016 to cover all staff and to include the need to focus on safe, sustainable and productive staffing.
- SFT has developed a sustainable model for systematically reviewing staffing levels across all in-patient wards which has been strengthened year on year and that uses nationally recognized methodologies.

Key Findings

- Recruitment and retention remains the biggest risk to sustaining safe staffing levels, despite lots of focused efforts particularly in recruitment. This also impacts on a continued dependence on temporary and agency staffing.
- Despite the above challenges good performance across nurse sensitive quality indicators has been sustained

Recommendations:

The attached paper includes the following recommendations:

- To note the findings of the 6 monthly ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels
- To note the analysis completed which will be further updated in next full skill mix review
- To note the continued challenge that arises from nurse vacancies but note the continued focus on recruitment and retention initiatives
- To note that nurse staffing is subject to change due to changes in acuity and dependency and patient volume and these will be reported on in the full skill mix review in December 2018. Particular focus is being given to the following areas who are experiencing change in model and/or demand
 - The Emergency Department is currently undergoing a change in workforce and ways of working with the recruitment to navigator roles and focus on senior clinical decision making on presentation.
 - The Acute Medical Unit since relocating is experiencing a higher turnover of patients within an ambulatory driven model.
 - The impact of the orthopaedic business case and ward reconfiguration is meaning a higher turnover of elective orthopaedic patients on Amesbury.
 - Paediatric Outreach Service Team (POST) which was recruited to in 2017 – this service is currently subject to evaluation.

Board Assurance Framework – Strategic PrioritiesSelect as
applicable

Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

Trust Board August 2018

Title	Nursing Skill Mix Review Update
Meeting Date	July 2018
Sponsoring Executive	Lorna Wilkinson – Director of Nursing
Author	Fiona Hyett – Deputy Director of Nursing

1.0 Background

This report provides an update on the skill mix review that took place in 2017 and forms part of the reporting requirements that every Trust is expected to have in place. The National Quality Board guidance on Safe Staffing (2016) sets out in expectation 1 that *‘Boards should ensure there is an annual staffing review, with evidence that this is developed using a triangulated approach. This should be followed with a comprehensive staffing report to the Board after 6 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.’*

The last full skill mix review was presented to Board in December and a full skill mix review will be reported to Board later this year. This paper is presented to provide an update/report on key areas and provide assurance of current staffing levels. It is to be noted that nurse staffing has been in a process of change over the last year due to the ward reconfiguration work which concluded in May 2018.

It is important to note that nursing requirements do change overtime due to the acuity/dependency and overall case mix changes which leads to the requirement to undertake an annual strategic staffing review/skill mix review. This report fulfils the need to consider whether current staffing plans are appropriate following implementation of the 2017 skill mix review recommendations.

This review is intended to provide an update and will focus on the following areas:

- Review of recommendations from 2017 skill mix review
- Overview of Insights Data to assure the workforce is deployed efficiently and effectively
- Analysis of Headroom
- Analysis of Enhanced Care/Specials including Registered Mental Health Nurses (RMN)
- Key areas of challenge for nursing, notably recruitment and retention
- Maternity/Neonates

2.0 Policy Context

The full policy context has been provided in previous years skill mix reviews, and can be found in **appendix 1**.

3.0 Review of Previous Recommendations

The Trust Board agreed £300k of investment into nursing following the 2017 skill mix review and of note the 2016 review requested zero investment.

The table below shows the investment agreed at Board in December 2017 and became part of the cost pressure discussions and went into budgets in the new financial year. The areas shaded were not agreed and were to be subject to review post participation in the NHSi Enhanced Care Collaborative. As the funding has only been agreed at the beginning of this financial year, benefit has not yet been realised and therefore cannot be analysed for impact.

Proposed Investment for 2018/19	£ amount	Comments
AMU: Uplift of B5 to B6 (based on 2.33wte)	£10,338	Implemented and linked to ward reconfiguration project
Whiteparish: Additional RN (1.54wte) Additional NA (1.33wte)	£53,489 £33,052	Implemented but not yet fully recruited to and linked to ward reconfiguration project
Pembroke: Additional NA (2.55wte)	£63,370	Implemented but not yet fully recruited to and linked to ward reconfiguration project
Redlynch: Additional NA (1.33wte)	£33,052	To be reviewed post NHSi enhanced care collaborative
Farley: Additional NA (1.33wte)	£33,052	To be reviewed post NHSi enhanced care collaborative
Durrington: Additional NA – Long day (2.55wte) or Late shift	£63,370 £33,052	To be reviewed post NHSi enhanced care collaborative
Emergency Department Band 3 role	£141,572	Agreed this would be increased to a band 4 role to support changes in practice, B3 funding for 2 years whilst staff are in training posts. Partially recruited to and individuals expected to commence training programmes from September.
Total	£301,821	Excludes shaded areas which are pending the NHSi Enhanced Care Collaborative

4.0 Assessment/Findings

4.1 Efficient and Effective Utilisation and Deployment of Staff through the use of INSIGHTS

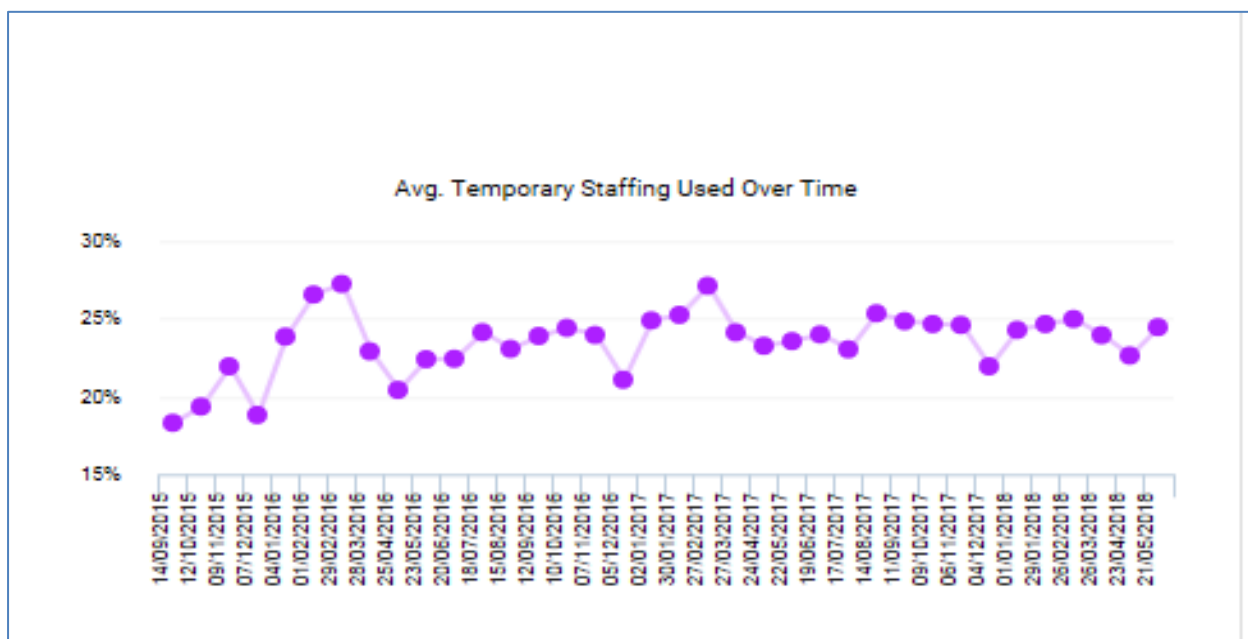
The Trust as part of its work with Lord Carter and as an Allocate Exemplar site continues to be involved in Allocate-Insights – a managed service that combines monthly reporting, metrics and benchmarks designed to measure performance in rostering productivity and efficiency against 6 key metrics. The Trust compares favourably against other Trusts when benchmarked and so can be assured that we are deploying our substantive and temporary workforce efficiently and effectively. The six key metrics are:

- Temporary staffing
- Roster approval lead time
- Unavailability (Headroom)

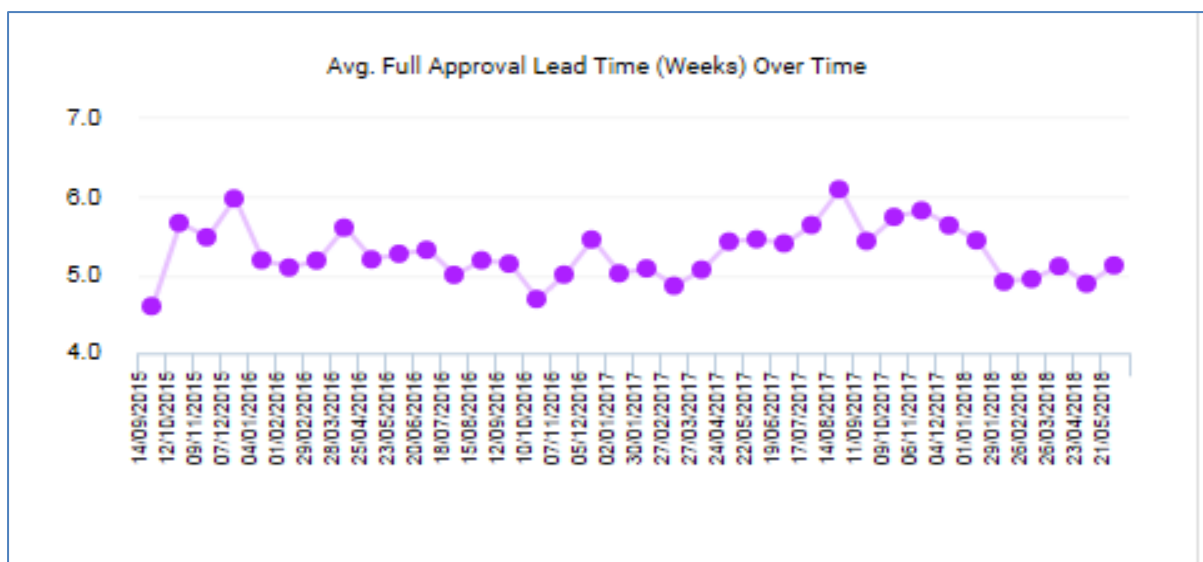
- Additional Duties
- Unfilled Duties
- Hours Balance

These metrics are viewable via a portal and enables a view of our performance both as a Trust with comparisons at ward level and also against all other Trusts using the portal, including those of similar size, Foundation Trusts and acute Trusts. A monthly call is held with the Insight team and progress against goals evaluated. Analysis below provides detail of each key metric and our current performance. An overview graph has been provided for each metric and **Appendix 2** provides further detail. Of note, e-rostering was rolled out into theatres in January 2018, this has had an impact on the graphs and means direct comparison with previous years is not possible, and accounts for a deterioration in some of the metrics – it is anticipated that these will improve over time.

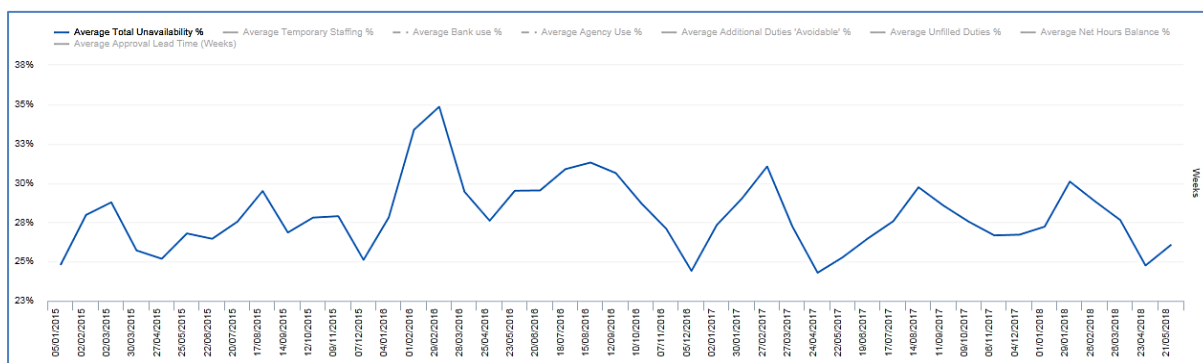
Temporary Staffing – this measure looks at the percentage of the roster that is made up of temporary staff both bank and agency, and also the percentage of temporary staffing that is agency. When analysing trends over time there has been an overall upward trend in the use of temporary staffing since September 2015 as shown in graph below, this appears to have flattened over the last year. This is consistent with the challenges of RN vacancies. Agency expenditure for nursing at the end of financial year 2017/18 was £96k less than the previous year, and nursing overall was underspent. Of note as at June 2018 the percentage of temporary staffing that is agency has dropped from 37% to 33%, thus increasing the percentage covered by bank.



Roster Approval Lead time – expectation that rosters should be published 6 weeks in advance to maximise opportunity for any unfilled shifts to be filled by bank staff. This measure has subsequently been added to the Effective Rostering Guide produced as output of Lord Carter programme. For this measure the Trust has moved from average of 4.5 weeks in September 2015 to average of 5.1 weeks in May 2018, whilst this is down slightly on last year (5.5), nationally we remain amongst the top performers. All rosters are reviewed and have second sign off by the DSN and if they reject rosters this can impact on achieving 6 weeks. This KPI is subject to re-focus and close scrutiny through roster check and challenge meetings.

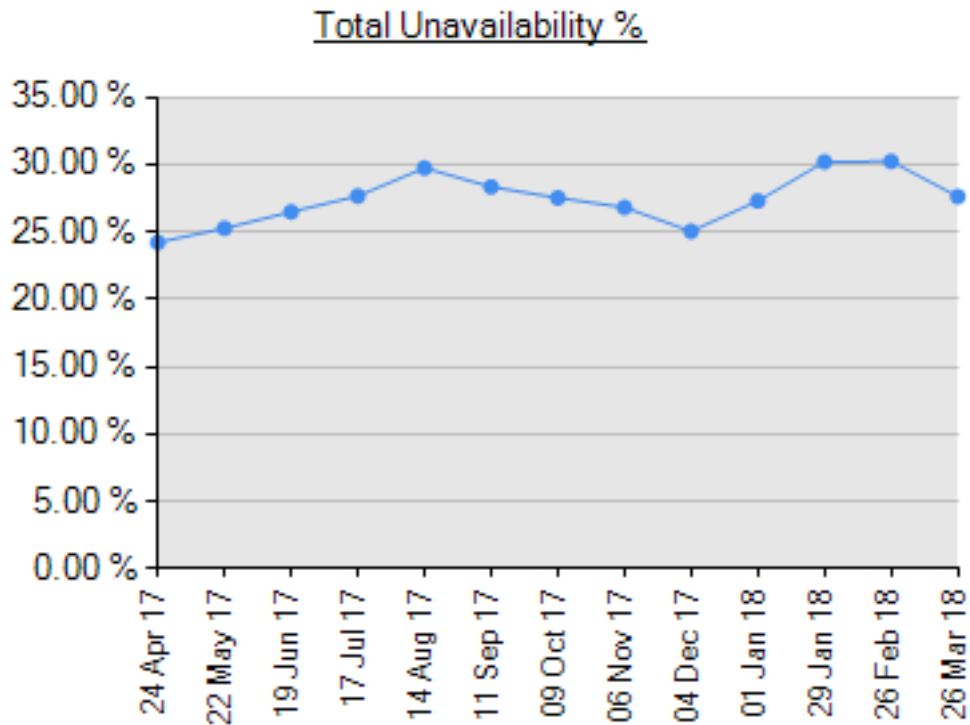


Unavailability (Headroom) – this metric measures the amount of staff rostered but who are not providing direct patient care; includes annual leave, study leave, parenting, sickness, working day and other. Within this measure the Trust has seen flattening of the trend line but with the same seasonal spikes. The previous work on reducing working day has been sustained and we are comparable with other Trusts, of note this is actual headroom not budgeted headroom which is set at 19%, with maternity leave being held centrally.

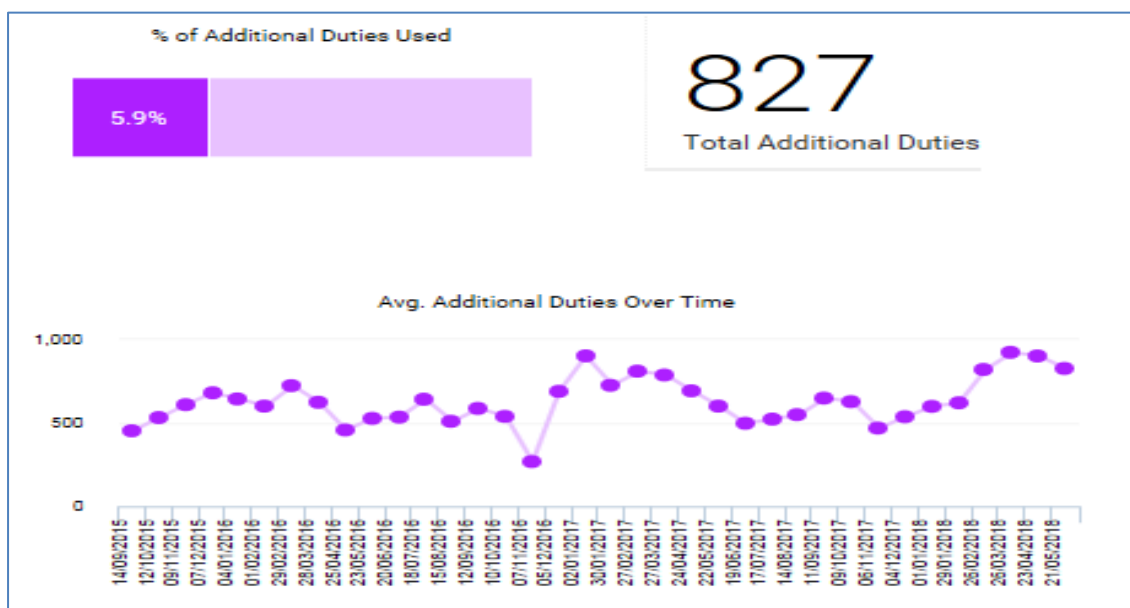


The implementation of Allocate E-rostering has enabled headroom to be analysed by ward against the 19% headroom allocated within budget. This update review has included the actual headroom required across the wards from April 2017-March 2018 (**Appendix 3**) with the data being taken directly from the electronic rostering system. Currently headroom provision within the ward establishments is set at 19%, which does not include maternity leave (the funding for which is now held at directorate level).

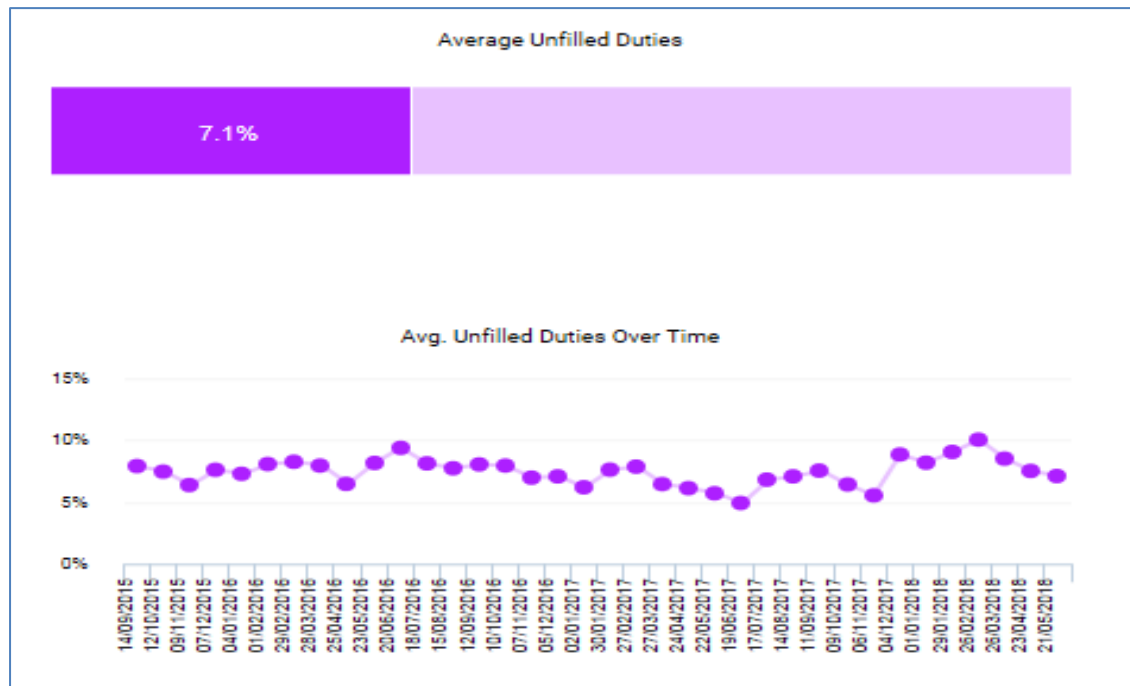
The graph below gives an overview of actual headroom across all wards from April 2017 to March 2018, which has varied across the year from 25% to 31%, the upward increase between Jan-March includes theatres and their impact on the unavailability report is still to be fully understood:



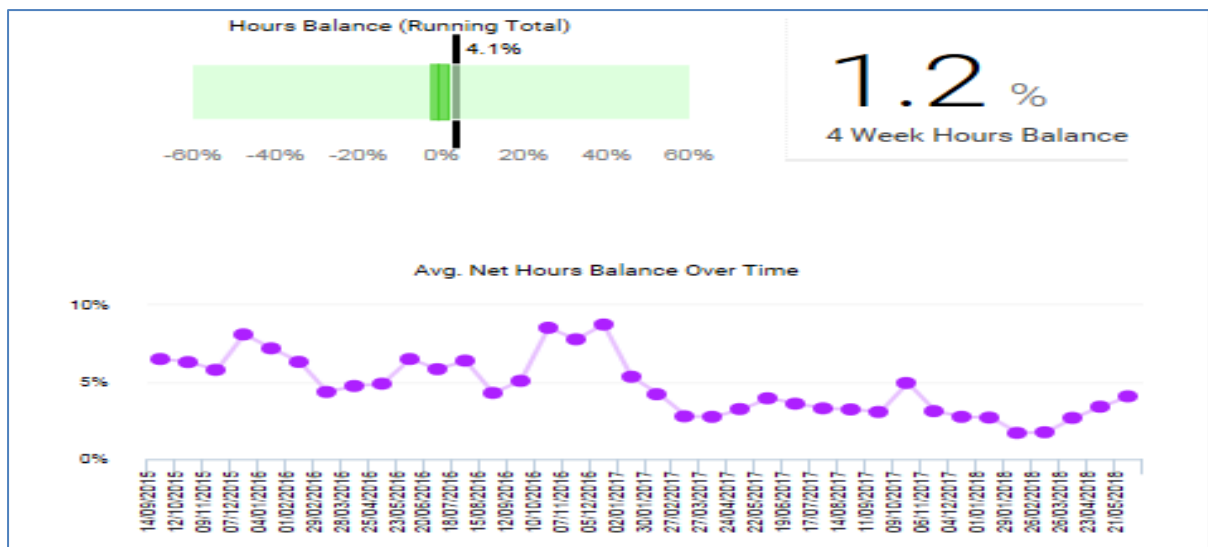
Additional Duties – this metric measures the number of additional shifts that are added to the roster template where extra staff are required and this is broken down into legitimate reasons such as patients requiring enhanced care, high acuity, additional beds, induction/supervision and avoidable reasons such as using up staff ours or staff patterns where extra shifts are added to meet staff requests. In terms of benchmarks against other Trusts we are in the mid-range. There has been significant focus on ensuring that additional duties added are legitimate and the main reason for use is for specialising patients with enhanced care needs/high acuity and induction/supervision of new staff which has been high due to numbers of overseas nurses and additional beds when escalation is open. With theatres being included this now includes when additional staff have been booked for extra lists – captured within additional capacity



Unfilled Duties – this metric measures the number of shifts that go unfilled on a roster, and is measured in 2 ways – unfilled duty hours excluding additional shifts and unfilled roster which includes additional duties. There has been a slight increase in this metric over the last year which correlates with an increase in RN vacancies and inability to fill the demand through bank and agency. An element of this is also ensuring good housekeeping measures being maintained around rosters including cancelling shifts not filled but not required. An example of this would be in Radnor who are established for 10patients but may only have 5 patients – they re-allocate staff and cancel any unrequired shifts, and this is being reviewed through Roster Check and Challenge meetings . Nationally we are one of the top performers for this metric with a current average of 7.1% (5.7% last year) against 28.7% (24.6% last year) for similar size Trusts.



Hours Balance – this metric measures the hours balances on and between rosters ie ensuring staff hours are fully utilised. Again it can be seen over time that we have made a significant improvement since the introduction of Allocate, although there has been a slight increase over last couple of months which will be reviewed through Roster Check and Challenge meetings, and again is as result of theatres being rolled out this year. Nationally we remain one of the top performers with our average currently maintaining at 4.1% against benchmark of 16.1% for similar sized Trusts.



4.2 SafeCare – Use of Care Hours per Patient Day

SafeCare is an additional product offered by Allocate that assesses the acuity and dependency levels of the patients on a shift against both the budgeted roster template and the actual staff on shift – Care Hours Per Patient Day (CHPPD) and is fully embedded across the Trust.

The use of SafeCare has now been operationalised in the twice daily staffing meetings and is used to support decisions to review any gaps in shifts and review where staff can be moved or whether escalated to agency.

The SafeCare data for each ward is reviewed as part of the full skill mix review discussions and is triangulated with establishment and quality indicator data and alongside professional judgement.

Appendix 4 gives an overview of the current data for each ward and this will be reviewed as part of the full ward skill mix reviews over the summer.

Last year the Trust is participated in joint work with Allocate and NHSi with other selected Trusts across the country during the summer/autumn of 2017. The work focused on an in-depth analysis of the rosters of 10 wards and focused on 4 key areas – foundation, clinical utilisation, temporary staffing and delivered CHPPD. Through this work it was identified that there was excellent grip and control of rosters, and appropriate use of temporary staffing with limited areas for improvement.

4.3 Recruitment and Retention

The most significant challenge in managing the ward establishment has continued to be the number of vacancies, particularly for RNs, which continues to be at around 15% despite significant recruitment and retention activity. This is an issue nationally for the nursing workforce and was compounded by challenges as a result of Brexit and the requirement for all overseas nurses (European and International) to achieve IELTS (International English Language Test) at level 7. As a result we have seen the market for European nurses completely cease and whilst the progress in non EU international nurses arriving was initially slow there is now a continuous small pipeline.

The Nursing and Midwifery Council (NMC), nurse registration body, continues to see more nurses leaving than entering the profession. Bursaries have been removed for student nurses and the impact of this nationally is a reduction in the number of students. Whilst our local provider, Bournemouth University was oversubscribed for September, this was not seen over the 2 intakes per year and as a result there will going forward only be a September intake.

As identified in the previous skill mix reviews work continues in looking at innovative ways to recruit as set out in the recruitment strategy.

Focused work has commenced on retention to ensure we make every effort to develop and retain staff. This year saw the launch of Careers Clinics and Internal Transfer scheme which are both aimed at Registered Nurses and are designed to support them in finding career development opportunities within the Trust and enabling staff to move wards without needing to undergo full application process. Both schemes are in their infancy and are being adapted based on feedback. Additional work is required this year focusing on the nurses who are potentially retiring and how their skills and experience can be kept within the Trust.

Work continues in identifying opportunities to grow our own registered workforce through career development opportunities, the Trust is part of the Hampshire and Isle of Wight pilot for the introduction of the Nurse Associate role, with the 7 individuals due to complete their programme in March 2019 (2-year programme). A Nurse Education Supervisor has been appointed to support the non-registered workforce and support the progress towards growing our own through the use of apprenticeships. Nurse degree apprenticeships are now available nationally and attached in **Appendix 5** is a table which forms the basis of on-going work to identify the possible routes to train nurses of the future. Nurse degree apprenticeship is one model but due to the backfill requirements requires significant investment. This is being worked up in a separate paper but has been included here to give an early indication of the opportunities and costs.

Appendix 6 shows the current nurse to patient ratios based on ward establishment, the challenge with the high numbers of vacancies is in ensuring these ratios are maintained balanced with avoiding the use of high cost agency staff.

During 2017/18 it should be noted that despite the challenges in nurse staffing, we continued to perform well on nurse sensitive indicators – high harm falls have reduced and the Trust has just commenced on NHSi falls Collaborative programme, pressure ulcers remain low.

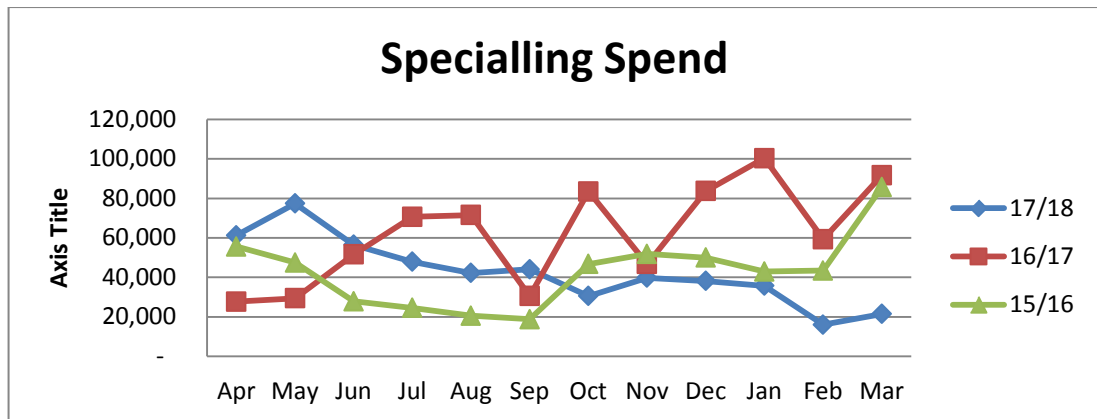
For the in-patient wards the planned establishments currently appear appropriate but with the main risk in sustaining this lying with recruitment and retention. There are a few key areas that will require further analysis due to new roles or increase in workload, and these will be presented in the full skill mix review:

- The Emergency Department is currently undergoing a change in workforce and ways of working with the recruitment to navigator roles and focus on senior clinical decision making on presentation.
- The Acute Medical Unit since relocating is experiencing a higher turnover of patients within an ambulatory driven model.
- The impact of the orthopaedic business case and ward reconfiguration is meaning a higher turnover of elective orthopaedic patients on Amesbury.
- The Trust invested in the Paediatric Outreach Service Team (POST) which was recruited to in 2017 – this service is currently subject to evaluation.

4.3 Specials/Enhanced Care

The use of additional staff to support patients with enhanced care needs has been of focus over the last year, and the Trust joined the NHSi Enhanced Care Collaborative in April 2018, which has its final event in July. The output of this work will be explored more fully in the full skill mix review.

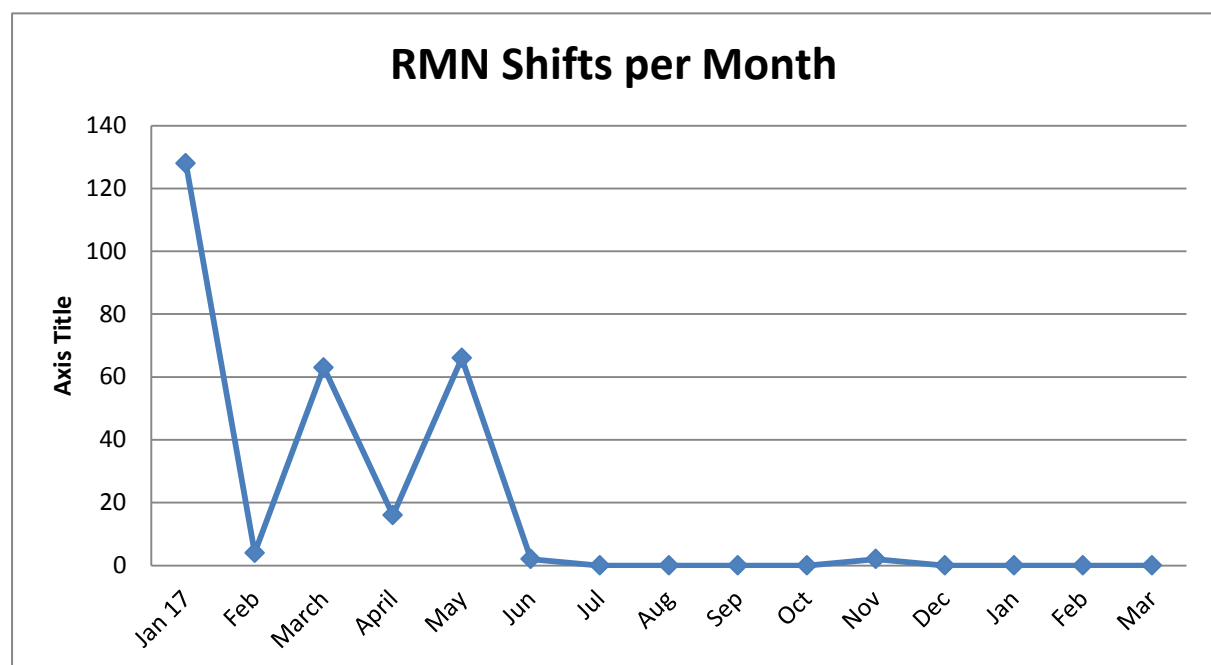
The graph below shows expenditure year to date and alongside a comparison with previous years, and across 2017/18 there has been a significant reduction both in year and in comparison to previous years.



Registered Mental Health Nurses (RMNs)

One aspect of enhanced care is patients who require the nursing expertise of an RMN and in the last review there had been an increase in the requirement for an RMN to support patient's health needs. From January 2017 we started to record the actual number of RMN shifts requested per month via the bank reports. When a patient requires an RMN it is usually required for the full 24 hour period and these patients can be in the Trust for several weeks and occasionally months, if one patient requires an RMN for 24hrs per day this equates to a 4.5wte staffing requirement.

All patients requiring an RMN are continuously reviewed by the Mental Health Liaison Team. The numbers of patients requiring this input initially increased with the advent of the MHLT started within the organisation and was a reflection of patients now getting the correct level of support. The graph below shows the number of RMN shifts by month, which shows across June 2017 - March 2018 zero usage:



5.0 Maternity and Neonatal

5.1 Maternity

The Midwifery workforce is reviewed on a monthly basis alongside acuity and activity. The Maternity services have been successful in reducing the midwife to birth ratio to 1:30 from an unacceptably high level which was seen pre investment in 2016 and ensuring 1:1 care in labour. Detail can be found within Appendix 7.

5.2 Neonatal

The Neonatal Service remains a level 2 Local Neonatal unit with 10 cots and following the staffing reconfiguration in late 2016 complies with the standards set by the British Association of perinatal Medicine (BPAM); an expectation of the National Neonatal network. The acute unit has fluctuating activity as would be expected and has escalated 66 times in the last 12 months. Escalation has been necessitated mostly by absence but on fewer occasions by acuity suggesting the skill mix is correct and both the gap analysis and the Peer review in October 2017 has confirmed this

Key challenges within the neonatal unit have been:

- short term sickness which has been over reduced this year to an average of 2% and maternity leave.
- Recruiting and retaining nurses who are 'Qualified in Speciality' (QIS) remains a challenge in an area with 2 tertiary units. The unit currently has 60% QIS and continues to develop staff internally.
- There must be at least 2 QIS nurses on per shift to maintain safety and appropriate supervision - places are assured on the new-born intensive care course but this of course does have a lead in time for training to be completed. When in escalation the bank nursing contingent does not have a plethora of QIS nurses and on 2 occasions agency cover has been necessary.

6.0 Recommendations

The Board is asked to:

- To note the findings of the 6 monthly ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels
- To note the analysis completed which will be further updated in next full skill mix review
- To note the continued challenge that arises from nurse vacancies but note the continued focus on recruitment and retention initiatives
- To note that nurse staffing is subject to change due to changes in acuity and dependency and patient volume and these will be reported on in the full skill mix review in December 2018. Particular focus is being given to the following areas who are experiencing change in model and/or demand
 - The Emergency Department is currently undergoing a change in workforce and ways of working with the recruitment to navigator roles and focus on senior clinical decision making on presentation.
 - The Acute Medical Unit since relocating is experiencing a higher turnover of patients within an ambulatory driven model.
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 - Paediatric Outreach Service Team (POST) which was recruited to in 2017 – this service is currently subject to evaluation.

Nurse Staffing Requirements – Policy Context

In February 2013, Sir Robert Francis QC published his final report of the inquiry into failings at Mid Staffordshire NHS Foundation Trust. Compassion in practice, the strategy for nurses, midwives and care staff (2012), the Francis report and the government response, Hard truths: the journey to putting patients first, led to fundamental changes in how NHS provider boards are expected to assure they are making safe staffing decisions. In November 2013 the National Quality Board set out these expectations in relation to getting nursing, midwifery and care staffing right. It provided a clear governance and oversight framework alongside recommended evidence-based tools, resources and examples of good practice, to support NHS providers in delivering safe patient care and the best possible outcomes for their patients. The National Institute for Health and Care Excellence (NICE) undertook work to produce guidelines on safe staffing for specific care settings, which led to the publication of Safe Staffing for Nursing in Adult In-patient Wards in Acute Hospitals and Safe Midwifery Staffing for Maternity Settings.

The Carter report and the NHS Five Year Forward View planning guidance make it clear that workforce and financial plans must be consistent to optimise clinical quality and the use of resources. The Carter report highlighted variation in how acute trusts currently manage staff, from annual leave, shift patterns and flexible working through to using technology and e-rostering. It underlined that, in addition to good governance and oversight, NHS providers need a framework to evaluate information and data, measure impact, and enable them to improve the productive use of staff resources, care quality, and financial control. Lord Carter's report recommended a new metric, care hours per patient day (CHPPD), as the first step in developing a single consistent way of recording and reporting staff deployments.

Nursing and midwifery leaders have built on Compassion in practice to create a national nursing, midwifery and care staff framework, Leading change, adding value. This framework is aligned to the Five Year Forward View, with a central focus on reducing unwarranted variation and meeting the 'Triple Aim' measure of better health outcomes, better patient experience of care and better use of resources.

The 2015 Shape of Caring report recommended changes to education, training and career structures for registered nurses and care staff and is aimed at maximising the capabilities and contribution of healthcare assistants/ support workers/nursing associates to meet patient needs and provide fulfilling job roles and career pathways in nursing.

As an integral part of developing their Sustainability and Transformation Plans, local health and care systems need to develop local plans for how they will develop, support and retain a workforce with the right skills, values and behaviours in sufficient numbers and in the right locations.

In July 2016 the NQB published an updated set of expectations for nursing and midwifery staffing which are aimed at helping NHS providers make local decisions that deliver high quality care for patients within their available staffing resource. The first two sections of this guidance brings together the work of the Carter team and sets out key principles and tools which Boards can use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services. The third section updates 3 of the expectations that form a triangulated approach (Right time, right staff, right place) to making staffing decisions. This triangulated approach moves from having judgements made based solely on numbers or ratios to one which decides staffing levels based on patients' needs, acuity and risk.

The box below show measures that can be used alongside CHPPD to demonstrate and understand the impact of staffing decisions on the quality of care that patients are receiving in acute inpatient

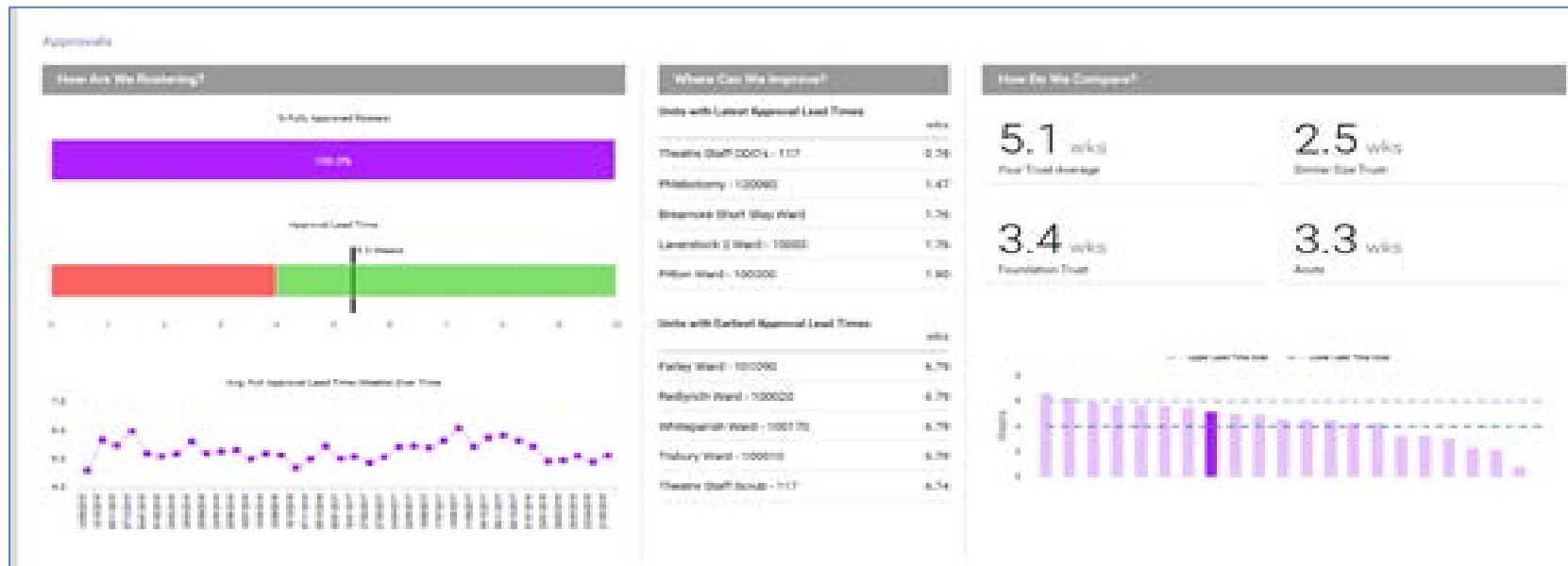
wards. At SFT we use the methodology within our skill mix reviews to ensure all of this information is triangulated.

Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve -patient outcomes, people productivity and financial sustainability -- report investigate and act on incidents (including red flags) - - patient, carer and staff feedback -		
- Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

NHS Improvement is also coordinating work to develop safe staffing improvement resources for a range of care settings including: mental health, learning disability, acute adult inpatients, urgent and emergency care, children's services, maternity services, and community services. Of these maternity is currently out for consultation and engagement.

Insight – KPIs including benchmarking

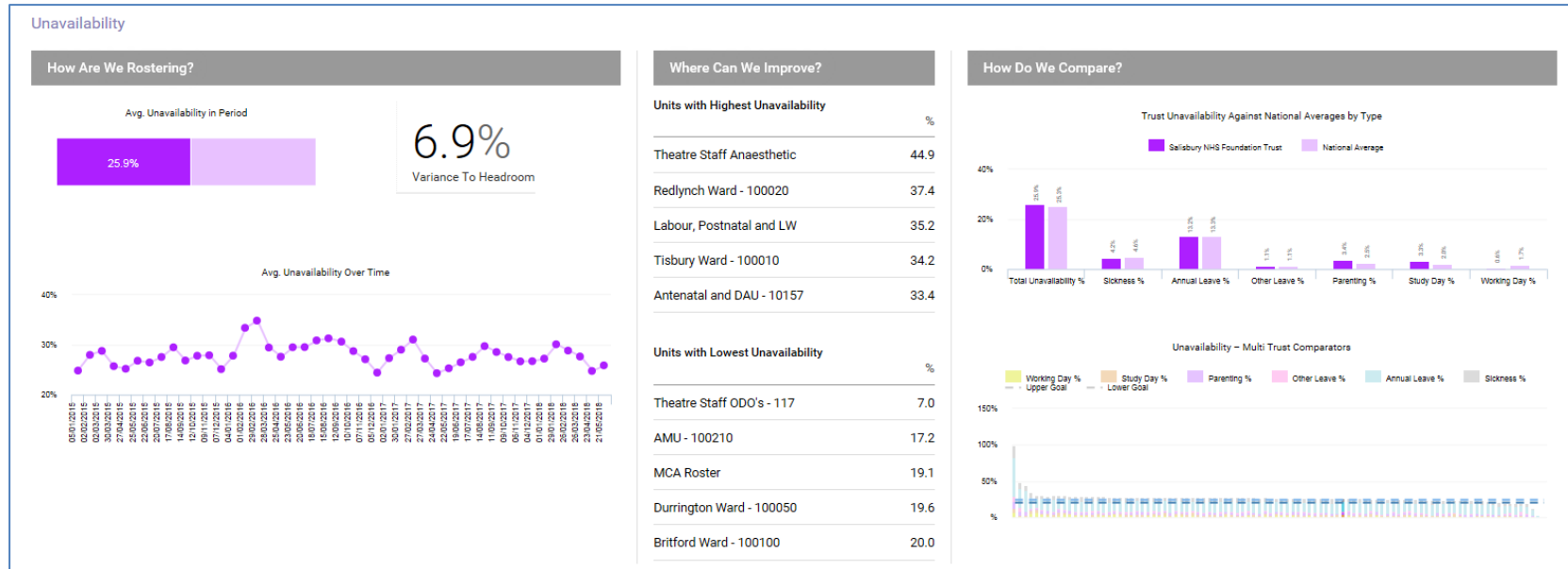
KPI 1. Roster Approvals



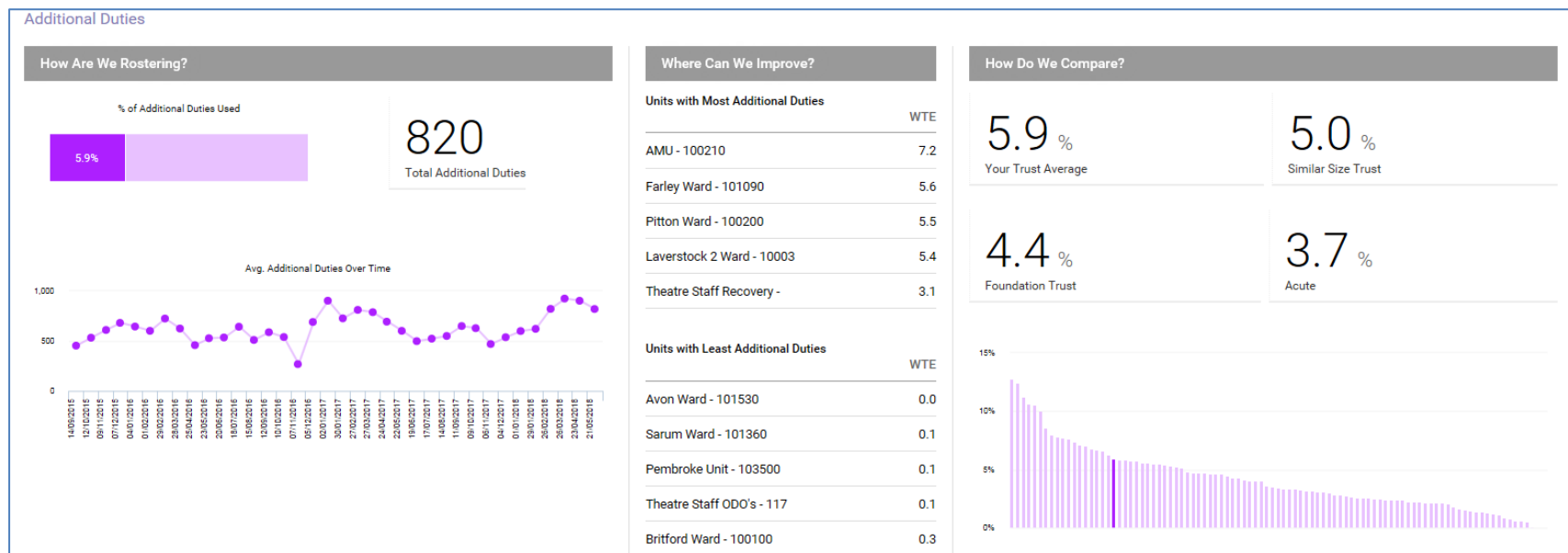
Appendix 2

KPI 2. Unavailability

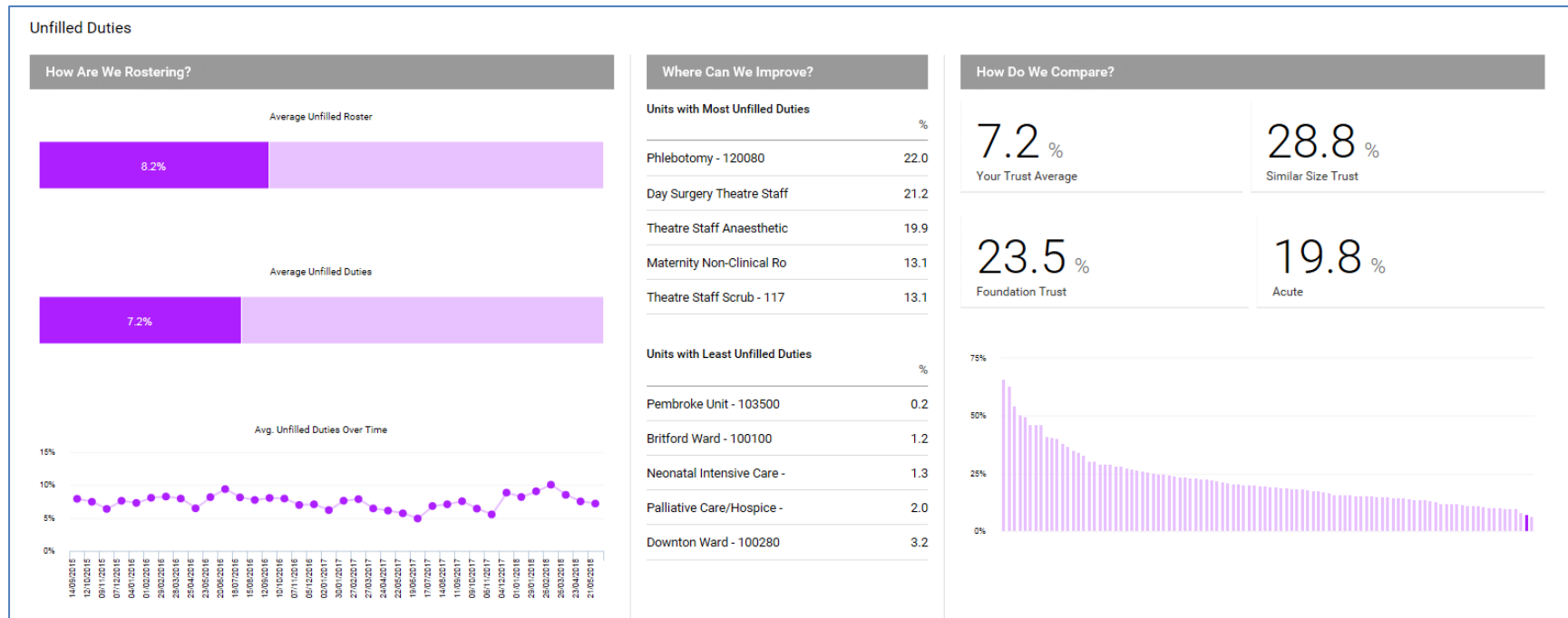
Skill Mix Update July 2018



KPI 3. Additional Duties



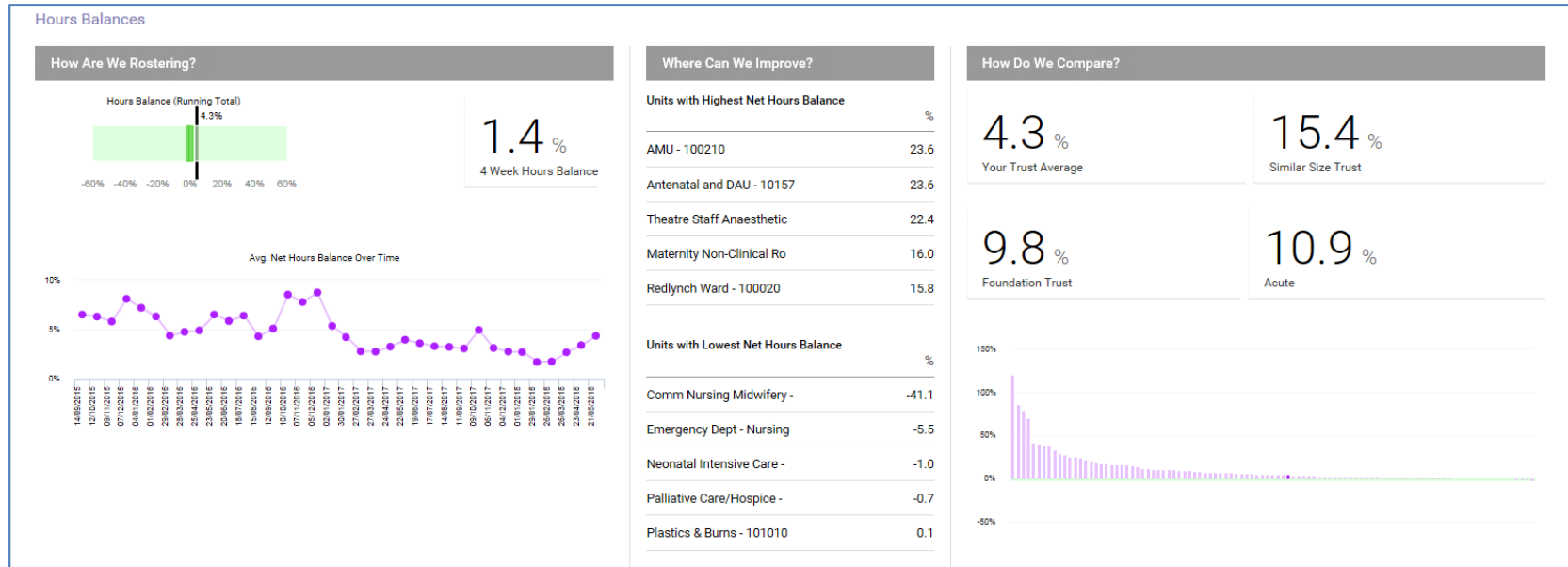
KPI 4. Unfilled Duties



Appendix 2

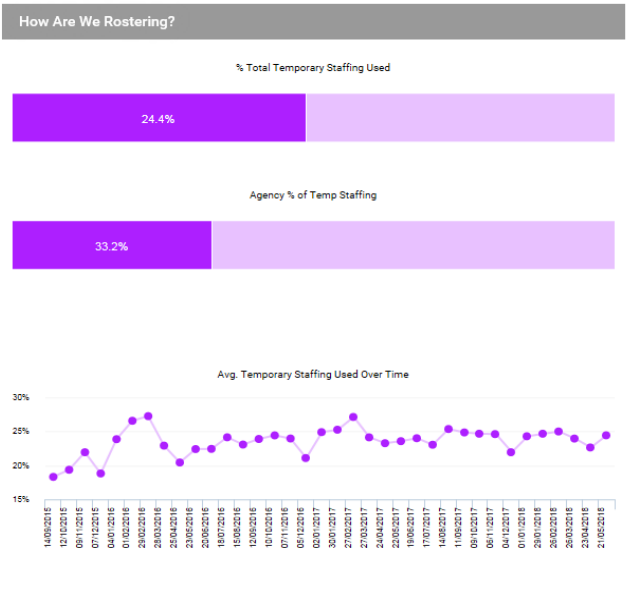
KPI. 5 Hours Balance

Skill Mix Update July 2018



KPI 6. Temporary Staffing

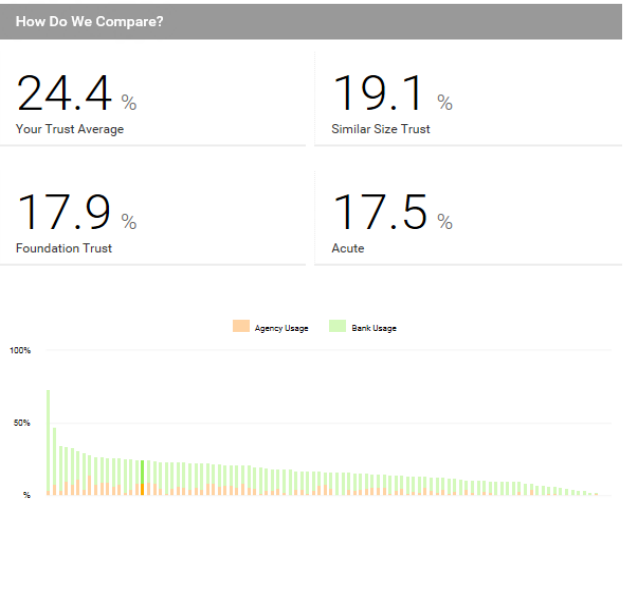
Temporary Staffing



Where Can We Improve?

Units with Highest Temporary Staffing Usage	%
Theatre Staff ODO's - 117	74.9
Theatre Staff Anaesthetic	56.3
Pitton Ward - 100200	47.6
Redlynch Ward - 100020	38.2
Chilmark Ward - 101320	37.2

Units with Lowest Temporary Staffing Usage	%
Maternity Non-Clinical Ro	0.0
Comm Nursing Midwifery -	2.3
Neonatal Intensive Care -	4.4
I.C.U. - 100400	5.6
Theatre Staff Scrub - 117	8.4



Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Orthopaedics Amesbury	Amesbury Ward 101310	Registered	11.9%	0.7%	2.3%	2.7%	3.8%	0.1%	21.4%
		Unregistered	13.3%	0.8%	2.4%	6.0%	8.4%		30.9%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Orthopaedics Amesbury	Amesbury Ward 101310	12.6%	0.7%	2.3%	4.3%	6.0%	0.0%	25.9%

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
AMU	AMU - (Prev Whiteparish)	Registered	12.9%	0.4%	8.2%	3.4%	1.7%	0.1%	26.7%
		Unregistered	11.9%	0.3%		8.7%	7.1%		28.0%
		Ward Management	11.7%						11.7%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
AMU	AMU - 100210 (Prev Whiteparish)	12.6%	0.4%	5.9%	4.9%	3.2%	0.1%	27.0%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
Spinal - Avon	Avon Ward - 101530	Registered	14.9%	0.3%	3.2%	2.6%	3.3%	0.3%	1.8%	26.3%
		Unregistered	14.7%	2.2%	4.5%	4.1%	5.9%		0.2%	31.6%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
Spinal - Avon	Avon Ward - 101530	14.8%	1.4%	4.0%	3.5%	4.8%	0.1%	0.8%	29.4%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/12/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total	N.B Data only available from December 2017
Breamore Short Stay Unit	Breamore Short Stay Prev. DSU Inpatient Ward - 103460	Registered	12.2%	0.3%	20.7%	1.6%	1.2%	0.1%	36.1%	
		Unregistered	15.2%	0.2%	11.2%	1.7%	6.1%		34.4%	

Total Unit Unavailability (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total	N.B Data only available from December 2017
Breamore Short Stay Unit	Breamore Short Stay Prev.DSU Inpatient Ward - 103460		13.5%	0.3%	16.7%	1.6%	3.3%	0.1%	35.4%	

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
-	Britford Ward - 100100	Registered	13.9%	0.0%	6.6%	0.8%	1.7%	0.0%	0.2%	23.4%
		Unregistered	14.1%	0.3%		2.7%	2.1%		0.1%	19.3%

Total Unit Unavailability (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
-	Britford Ward - 100100		14.0%	0.1%	4.2%	1.5%	1.9%	0.0%	0.2%	21.9%

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Total Unit Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Orthopaedics Chilmark	Chilmark Ward - 101320	Registered	13.2%	2.6%		2.2%	1.7%	0.8%	20.5%
		Unregistered	12.5%	1.1%	7.8%	6.5%	4.6%	1.5%	33.9%

Total Unit Unavailability (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Orthopaedics Chilmark	Chilmark Ward - 101320		12.9%	1.9%	3.2%	4.0%	2.9%	1.1%	26.1%

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Day Surgery	Day Surgery Clinical Staff - 103310	Registered	14.9%	3.4%	11.3%	5.0%	1.2%	1.0%	36.7%
		Unregistered	14.0%	0.2%	16.8%	4.8%	0.1%	0.1%	36.0%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Day Surgery	Day Surgery Clinical Staff - 103310	14.7%	2.7%	12.4%	4.9%	1.0%	0.8%	36.6%

HealthRoster Reports

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Downton Ward - 100280	Registered	12.5%	3.5%	2.6%	1.1%	1.7%	0.2%	21.6%
		Unregistered	10.6%	0.7%	0.0%	14.2%	2.9%		28.4%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Downton Ward - 100280	11.5%	2.1%	1.3%	7.7%	2.3%	0.1%	25.0%

HealthRoster Reports

HEALTH ROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
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Inpatient Elderly Care	Durrington Ward - 100050	Registered	13.5%	0.5%	6.3%	3.8%	3.6%	0.3%	28.0%
		Unregistered	12.6%	8.2%	0.0%	6.3%	4.9%	0.0%	32.1%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Inpatient Elderly Care	Durrington Ward - 100050	13.1%	4.2%	3.3%	5.0%	4.2%	0.2%	30.0%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Emergency Dept - Nursing - 104020	Registered	13.7%	0.5%	2.0%	5.9%	2.1%	2.4%	26.7%
		Unregistered	12.5%	0.8%	2.2%	3.2%	8.0%		26.7%
		Ward Management	15.3%			0.8%	0.8%	4.4%	21.4%

Total Unit Unavailability (Percentage of Contracted Hours)

Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
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-	Emergency Dept - Nursing - 104020	13.4%	0.6%	2.0%	5.1%	3.7%	1.8%	26.6%
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HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Inpatient Elderly Care	Farley Ward - 101090	Registered	14.8%	0.1%	4.6%	3.4%	4.4%	1.2%	28.5%
		Unregistered	13.2%	0.2%	0.0%	6.7%	3.8%	0.1%	23.9%

Total Unit Unavailability (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Inpatient Elderly Care	Farley Ward - 101090		14.0%	0.1%	2.4%	5.0%	4.1%	0.6%	26.3%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	ICU - 100400	Registered	14.4%	0.4%	6.0%	4.8%	1.9%	2.5%	30.0%

-	I.C.U. - 100400	Unregistered	11.0%	0.4%	10.9%	3.3%	0.4%		25.9%
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Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	I.C.U. - 100400	14.1%	0.4%	6.4%	4.6%	1.8%	2.2%	29.6%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/01/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
-	Palliative Care/Hospice - 101130	Registered	14.7%	0.2%	5.0%	6.3%	2.2%	0.0%	0.2%	28.7%
		Unregistered	14.2%	1.2%		6.8%	2.3%		0.2%	24.7%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
-	Palliative Care/Hospice	14.5%	0.6%	3.2%	6.5%	2.2%	0.0%	0.2%	27.2%

HealthRoster Reports

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Pembroke Unit - 103500	Registered	14.4%	0.8%	2.6%	3.7%	2.8%	0.9%	25.2%
		Unregistered	10.3%	0.2%	0.3%	22.5%	5.0%	0.0%	38.3%

Total Unit Unavailability (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Pembroke Unit - 103500		13.6%	0.7%	2.2%	7.4%	3.2%	0.7%	27.7%

HealthRoster Reports

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Pitton	Pitton Ward - 100200	Registered	13.9%	1.0%	0.1%	1.6%	3.9%	1.1%	21.6%
		Unregistered	13.5%	0.5%	14.0%	2.7%	8.4%	0.2%	39.2%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Pitton	Pitton Ward - 100200	13.7%	0.8%	6.4%	2.1%	5.9%	0.7%	29.6%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Redlynch Ward - 100020	Registered	13.3%	2.6%	2.1%	3.7%	3.4%	0.4%	25.4%
		Unregistered	14.0%	1.5%	0.0%	5.4%	11.6%	1.6%	34.1%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Redlynch Ward - 100020	13.6%	2.1%	1.1%	4.5%	7.3%	1.0%	29.5%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Sarum	Sarum Ward - 101360	Registered	13.9%	0.2%	5.2%	3.3%	3.0%	0.5%	26.2%
		Unregistered	15.0%	0.2%		2.9%	3.3%		21.4%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Sarum	Sarum Ward - 101360	14.0%	0.2%	4.6%	3.3%	3.0%	0.5%	25.6%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
Spinal - Tamar	Tamar Ward - 101550	Registered	13.7%	0.7%	5.7%	4.4%	2.7%	1.4%	0.8%	29.3%
		Unregistered	14.2%	0.0%	4.9%	3.1%	7.2%	1.4%		30.9%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Unknown	Working Day	Total
Spinal - Tamar	Tamar Ward - 101550	14.0%	0.3%	5.2%	3.7%	5.4%	1.4%	0.3%	30.2%

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Tisbury	Tisbury Ward - 100010	Registered	13.6%	1.1%	4.7%	7.8%	4.1%	2.0%	33.3%
		Unregistered	12.9%	0.6%		11.4%	13.1%		38.2%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Tisbury	Tisbury Ward - 100010	13.4%	1.0%	3.6%	8.7%	6.3%	1.5%	34.5%

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Whiteparish Prev Breamore	Registered	13.6%	0.2%		3.4%	4.4%	0.0%	21.6%
		Unregistered	13.1%	3.4%	3.0%	7.8%	2.0%		29.4%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
-	Whiteparish Prev Breamore	13.3%	2.2%	1.9%	6.1%	2.9%	0.0%	26.5%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Inpatient Elderly Care	Winterslow Ward - 100030 (Prev Laverstock2)	Registered	14.3%	0.5%	5.4%	5.1%	2.6%	0.1%	27.9%
		Unregistered	13.5%	0.3%	4.0%	7.1%	3.2%	0.0%	28.2%

Total Unit Unavailability (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Inpatient Elderly Care	Winterslow Ward - 100030 (Prev Laverstock 2)		13.8%	0.4%	4.6%	6.3%	3.0%	0.1%	28.1%

THEATRES IF REQUIRED

HealthRoster Reports

Start Date: 01/01/2018

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Total
Theatre Staff	Theatre Staff Scrub - 117010	Registered	19.1%	1.4%	0.6%	6.2%	1.0%	28.3%
		Unregistered	15.7%	2.8%	0.5%	9.0%	0.3%	28.3%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Total
Theatre Staff	Theatre Staff Scrub - 117010	17.4%	2.1%	0.5%	7.6%	0.7%	28.3%

Start Date: 01/01/2018

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Sickness	Study Leave	Total
Theatre Staff	Theatre Staff Recovery - 117220	Registered	16.2%	0.9%	13.4%	1.8%	32.3%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Sickness	Study Leave	Total
Theatre Staff	Theatre Staff Recovery - 117220	16.2%	0.9%	13.4%	1.8%	32.3%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/01/2018

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Total
Theatre Staff	Theatre Staff Anaesthetic Practitioners - 117210	Registered	16.9%	1.7%	13.6%	12.8%	0.4%	45.4%
		Unregistered	8.0%					8.0%

Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Total
Theatre Staff	Theatre Staff Anaesthetic Practitioners - 117210	16.0%	1.5%	12.3%	11.5%	0.4%	41.8%

HealthRoster Reports

HEALTHROSTER

Unavailability by Grade Type Category

Start Date: 01/04/2017

End Date: 31/03/2018

Unavailability by Grade Type Category (Percentage of Contracted Hours)

			Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Total
Day Surgery	Day Surgery Theatre Staff - 103310	Registered	14.7%	0.9%	0.9%	8.4%	0.6%	25.5%
		Unregistered	14.0%	2.6%		15.5%	0.3%	32.4%

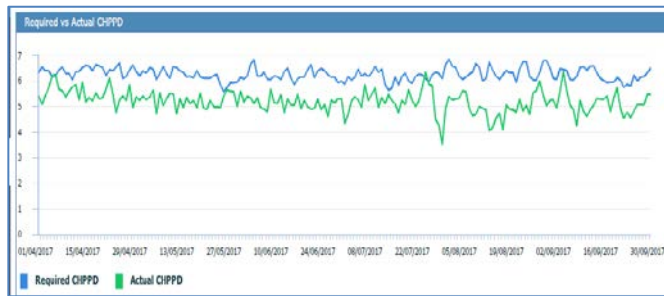
Total Unit Unavailability (Percentage of Contracted Hours)

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Total
Day Surgery	Day Surgery Theatre Staff - 103310	14.5%	1.4%	0.6%	10.6%	0.5%	27.6%

SafeCare – Care Hours Per Patient Day 1st April 2017 – 31st March 2018

AMESBURY

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



AMU (Prev. Whiteparish)

01/04/2017 -30/09/2017

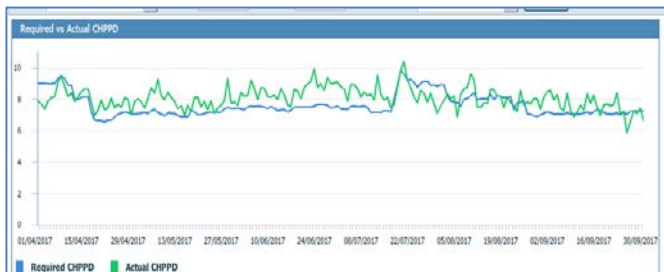


01/10/2017 -31/03/2018



AVON

01/04/2017 -30/09/2017

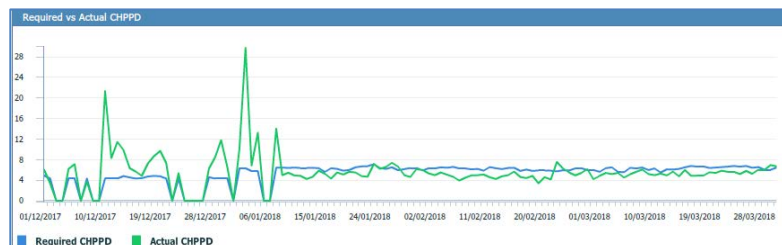


01/10/2017 -31/03/2018



BREAMORE SHORT STAY UNIT (Replaced DSU Inpatients)

Data only available from January 2018



SafeCare – Care Hours Per Patient Day 1st April 2017 – 31st March 2018

BRITFORD

N.B. SAU is excluded from SafeCare but staffing numbers are included

01/04/2017 -30/09/2017

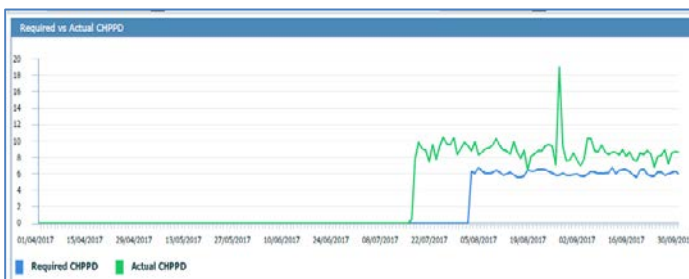


01/10/2017 -31/03/2018

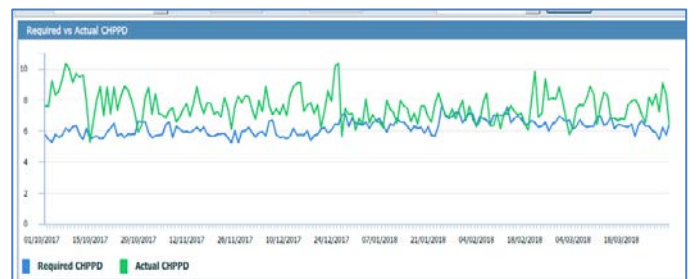


BURNS (Amalgamated Laverstock Plastics and Burns Units in July/August 2017)

July/August 2017 -30/09/2017

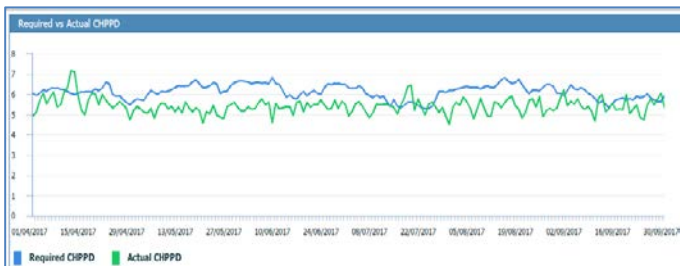


01/10/2017 -31/03/2018



CHILMARK

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



DOWNTON

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



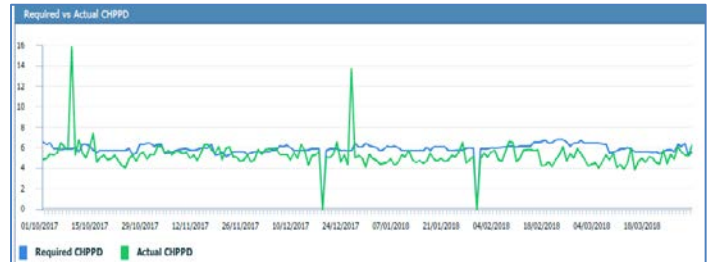
SafeCare – Care Hours Per Patient Day 1st April 2017 – 31st March 2018

DURRINGTON

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



FARLEY

01/04/2017 -30/09/2017

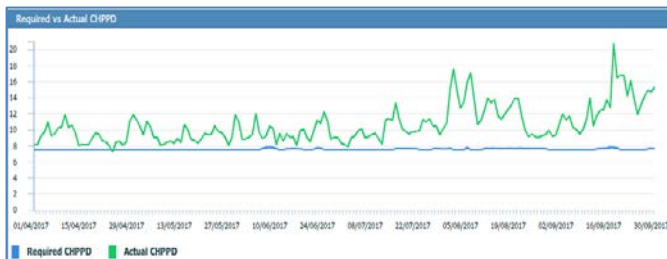


01/10/2017 -31/03/2018

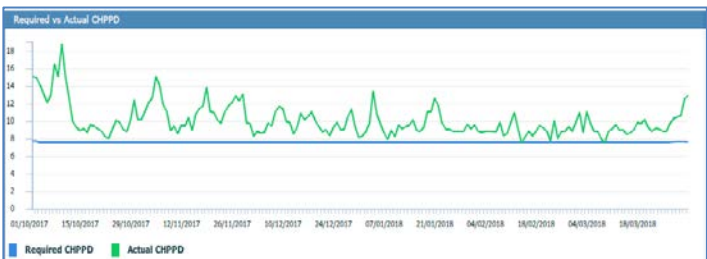


HOSPICE

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018

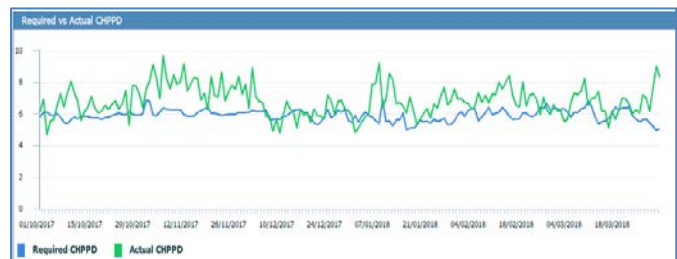


PEMBROKE UNIT

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



SafeCare – Care Hours Per Patient Day 1st April 2017 – 31st March 2018

PITTON

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



REDLYNCH

01/04/2017 -30/09/2017

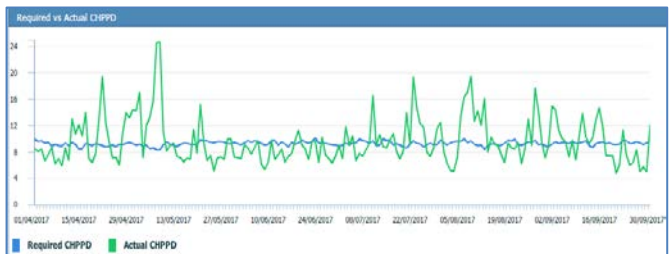


01/10/2017 -31/03/2018



SARUM

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



TAMAR

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



SafeCare – Care Hours Per Patient Day 1st April 2017 – 31st March 2018

TISBURY

01/04/2017 -30/09/2017



01/10/2017 -31/03/2018



WHITEPARISH (Prev. Breamore)

01/05/2016 -31/10/2016



01/11/2016 -30/04/2017



WINTERSLOW (Prev. Laverstock 2)

01/05/2016 -31/10/2016



01/11/2016 -30/04/2017



Course	Provider	Start date	Duration	On completion can work as	Tuition fees		Income options for the student whilst studying	Annual cost to Trust	Prerequisites	Tie-in	Finance - Cost per year	Total cost per student	Additional information	Cumulative Impact on Placement
					Amount	Paid by								
Post Graduate Diploma	BU	Sept 2018	2yrs full-time	Band 5 RN	£9k per year	Health Education England (Feb 2018 only) then student loan or sponsorship	• Trust bursary of £5,000 per year PLUS • Bank contract @ Band 2	• £5,000 investment for bursary £9000 to cover tuition fees	Already have 1st degree in any subject and 600hrs of care experience prior to commencement of programme	2018 option - Pay back full bursary if leave during programme or within 6months of completion, for next 6months payback 75%, next 6months 50%, next 6months 25%. For future years should pay back bursary + tuition fees on same scale	£14,000 per student per year	£	28,000	included within current student placements
BSc Honours Degree	BU	Sep-18	3yrs Full-Time	Band 5 RN	£9k per year	Student loan or sponsorship	• Trust bursary of £5,000 per year PLUS • Bank contract @ Band 2	• £5,000 investment for bursary • £9,000 for tuition fees	Minimum of 2yrs working within the Trust, Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, A-Level/ completed NVQ/QCF at level 3 OR Access to HE course	If leave during programme or within 6months of completion pay back all costs Trust incurred to date, for next 6months 75%, next 6months 50%, next 6months 25%	£14,000 per student per year	£	42,000	included within current student placements
BSc Honours Degree	SSU	tbw awaiting NMC approval March 2018 7 Sept 18	3yrs Full-Time	Band 5 RN	£9k per year	Student loan or sponsorship	• Trust bursary of £5,000 per year PLUS • Bank contract @ Band 2	• £5,000 investment for bursary • £9,000 for tuition fees	Minimum of 2yrs working within the Trust, Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, A-Level/ completed NVQ/QCF at level 3 OR Access to HE course	If leave during programme or within 6months of completion pay back all costs Trust incurred to date, for next 6months 75%, next 6months 50%, next 6months 25%	£14,000 per student per year	£	42,000	Additional student capacity required - If SSU secure NMC approval are looking to host on UCAS as SSU with Salisbury - innovative approach on joint badging of programme
BSc Honours Degree	OU	Sep-18	4 years	Band 5 RN	averages £6,750 fees per year if divided across 4 years	Student loan or sponsorship	• Trust bursary of £5,000 per year PLUS • Bank contract @ Band 2	• £5,000 investment for bursary • £6,750 for tuition fees (£7k but over 4yrs)	Minimum of 2yrs working within the Trust, Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, A-Level/ completed NVQ/QCF at level 3 OR Access to HE course	If leave during programme or within 6months of completion pay back all costs Trust incurred to date, for next 6months 75%, next 6months 50%, next 6months 25%	£11,750 per student per year	£	47,000	Additional student capacity required - If 5 in yr1 would be 10 in yr 2 and 15 in yr 3 requiring placement
Higher Apprenticeship (Foundation Degree) Assistant Practitioner	SSU	Jan-18	2yrs day release	Assistant practitioner Band 4 (with ability to bridge into Nursing Associate OR top-up to RN)		Apprentice Levy, SSU have been awarded the 2018-2019 contract following procurement	• Employ in trust for minimum of 30 hours per week. • Pay at Band 4 via Annex U/21 for duration of training	• Salary + backfill for 7.5 hours per week • Backfill = £4,014 per annum	Worked in Trust for minimum of 18 months. Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, evidence of ability to study at Level 3	No tie in	£4,014 per student per year	£	8,028	Capacity agreed with ward/dept at time of agreeing post
Higher Apprenticeship (Foundation Degree) Assistant Practitioner	OU	Sep-18	2 years distance learning	Assistant practitioner Band 4 (with ability to bridge into Nursing Associate OR top-up to RN)		Apprentice Levy - would need to be procured with specific reference to distance learning	• Employ in trust for minimum of 30 hours per week. • Pay at Band 4 via Annex U/21 for duration of training	• Salary + backfill for 7.5 hours per week • Backfill = £4,014 per annum	Worked in Trust for minimum of 18 months. Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, evidence of ability to study at Level 3	No tie in	£4,014 per student per year	£	8,028	Capacity agreed with ward/dept at time of agreeing post
Higher Apprenticeship (Foundation Degree) Nursing Associate	SSU	From Sept 2018	2yrs day release	Nursing Associate (NMC consultation currently running)		Apprentice Levy (will need to procure provider)	• Employ in trust for minimum of 30 hours per week. • Pay at Band 4 via Annex U/21 for duration of training	• Salary + backfill for 7.5 hours per week • Backfill = £4,014 per annum PLUS BACKFILL FOR 67SHRS PLACEMENT ACROSS 2 YEARS	Worked in Trust for minimum of 18 months. Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, evidence of ability to study at Level 3	No tie in	need to understand if there are any further costs around backfill for placements			Capacity agreed with ward/dept at time of agreeing post
Higher Apprenticeship (Foundation Degree) Nursing Associate	OU	From Sept 2018	2yrs day release	Nursing Associate (NMC consultation currently running)		Apprentice Levy (will need to procure provider)	• Employ in trust for minimum of 30 hours per week. • Pay at Band 4 via Annex U/21 for duration of training	• Salary + backfill for 7.5 hours per week • Backfill = £4,014 per annum PLUS BACKFILL FOR 67SHRS PLACEMENT ACROSS 2 YEARS	Worked in Trust for minimum of 18 months. Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, evidence of ability to study at Level 3	No tie in	need to understand if there are any further costs around backfill for placements			Capacity agreed with ward/dept at time of agreeing post
Registered Nurse Degree Apprenticeship	OU (currently only provider/ SSU hoping to gain approval in May 2018)	From Feb 2018 (with OU - other providers will come on from Sept)	4 years part time 22.5 hours per week release for study and clinical placement	Band 5 RN		Apprentice Levy (will need to procure the provider)	• Employ in trust for minimum of 30 hours per week. • Pay scale for duration of training - NHS Employers recommend using Annex U/21 at Band 5	Total cost per year and over 4 years less then cost of £2,040 wte	Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, evidence of ability to study at Level 3	Apprenticeship levy paid direct to educational provider so no tie in around fees. Need to consider whether in light of organisational costs we want tie in to working with us for minimum of 2 years on qualifying - HR team how could we do this without financial penalty	£18,152 per student per year.		£72,606 over 4 years. This assumes payment on full time band 5 according to Annex 21 of AIC terms and conditions (60-75% of maximum over the 4 years), offset by a benefit of 0.4 WTE band work when they are not at college.	Currently risks associated with the RN apprenticeship at this point in time. Financial cost to the trust for employment. In addition with how the actual standard Currently aligns with NMC process. The End point assessment is not currently integrated within the training so apprentices could register with the NMC before completing the end point assessment. Clarity being sought on supernumerary status which conflicts with having a contract of employment.

For all courses there could be additional providers coming in line

AFC Salary and employers costs 2014-15

Point	Band													Current				
	1	2	3	4	5	6	7	8A	8B	8C	8D	9	ANNUAL	Gross Total	SA	NI	Total Cost	
	HC	A	B		D/EF	G										14.4%	13.8%	
60	1	1											15,404	15,404	2,215	999	18,618	Band 1 mid-point
70	2	2											15,672	15,672	2,254	1,036	18,961	
80		3											16,103	16,103	2,316	1,096	19,515	
100		4											16,536	16,536	2,378	1,155	20,069	
110		5	1										16,967	16,967	2,440	1,215	20,622	Band 2 mid-point
130		6	2										17,524	17,524	2,520	1,292	21,336	
140		7	3										18,158	18,158	2,611	1,379	22,148	
150			4										18,333	18,333	2,636	1,403	22,373	Band 3 mid-point
170			5										18,839	18,839	2,709	1,473	23,021	
180			6	1									19,409	19,409	2,791	1,552	23,752	
190			7	2									19,852	19,852	2,855	1,613	24,320	
200				3									20,552	20,552	2,955	1,710	25,217	Band 4 mid-point
220				4									21,263	21,263	3,058	1,808	26,128	
230				5									21,909	21,909	3,150	1,897	26,956	
240				6	1								22,128	22,128	3,182	1,927	27,237	
250				7	2								22,683	22,683	3,262	2,004	27,948	
270					3								23,597	23,597	3,393	2,130	29,120	
280					4								24,547	24,547	3,530	2,261	30,337	Band 5 mid-point
310					5								25,550	25,550	3,674	2,399	31,624	
320					6	1							26,564	26,564	3,820	2,539	32,924	
340					7	2							27,635	27,635	3,974	2,687	34,295	
350					8	3							28,746	28,746	4,134	2,840	35,721	
360						4							29,627	29,627	4,260	2,962	36,849	
380						5							30,661	30,661	4,409	3,105	38,175	Band 6 mid-point
390						6	1						31,697	31,697	4,558	3,247	39,502	diff to b2
400						7	2						32,731	32,731	4,707	3,390	40,828	
410						8	3						33,895	33,895	4,874	3,551	42,320	
420							9	4					35,577	35,577	5,116	3,783	44,476	Band 7 mid-point
430							5						36,612	36,612	5,265	3,926	45,803	
440							6						37,776	37,776	5,432	4,087	47,295	
450							7						39,070	39,070	5,618	4,265	48,953	
460							8	1					40,429	40,429	5,814	4,453	50,695	
470							9	2					41,787	41,787	6,009	4,640	52,436	
480								3					43,469	43,469	6,251	4,872	54,591	Band 8A mid-point
490								4					45,151	45,151	6,493	5,104	56,747	
500							5	1					47,092	47,092	6,772	5,372	59,236	
510								6	2				48,515	48,515	6,976	5,568	61,060	Band 8B midpoint
520									3				50,972	50,972	7,330	5,908	64,210	
530										4			53,817	53,817	7,739	6,300	67,857	
540									5	1			56,665	56,665	8,148	6,693	71,506	
550										6	2		58,216	58,216	8,371	6,907	73,495	
560											3		60,202	60,202	8,657	7,181	76,041	
570											4		63,021	63,021	9,062	7,570	79,653	Band 8C midpoint
580										5	1		67,247	67,247	9,670	8,153	85,071	
590											6	2	69,168	69,168	9,946	8,419	87,533	
600												3	72,051	72,051	10,361	8,816	91,228	
610												4	75,573	75,573	10,867	9,302	95,743	Band 8D midpoint
620										5	1		79,415	79,415	11,420	9,833	100,667	Band 9 midpoint
630											6	2	83,259	83,259	11,973	10,363	105,594	
640												3	87,254	87,254	12,547	10,914	110,716	
650												4	91,442	91,442	13,149	11,492	116,083	
660											5		95,832	95,832	13,781	12,098	121,711	
670											6		100,432	100,432	14,442	12,733	127,607	

Appendix 4

Staffing Ratios by Ward

Ward	RN: Patient Ratio (Early)	RN: Patient Ratio (Late)	RN: Patient Ratio (Night)	Comments
Medicine				
AMU	1:5.8	1:4.8 (from 10 am)	1:7.25	19 beds and 10 ambulatory trolleys (area of high turnover)
Durrington	1:7	1:7	1:10.5	
Farley	1:6	1:6	1:10	
Hospice	1:5	1:5	1:5	
Pembroke	1:5	1:5	1:5	
Pitton	1:5.4(6.75)	1:5.4 (6.75)	1:9	() is weekend ratios
Redlynch	1:6.75	1:6.75	1:9	
Tisbury	1:4.5(2.5)	1:4.5(2.75)	1:5.75	() is CCU ratios
Winterslow/Spire from 12.07.18	1:7.5	1:7.5	1:10	RN numbers can include B4's
Whiteparish	1:7	1:7	1:11.5	With B4 then 1.5.75 on day shift.
MSK				
Amesbury	1:8	1:10.6	1:10.6	Band 4 role included on every long day shift. Awaiting ring fencing discussions to be concluded and elective capacity review
Avon	1:5.25	1:7	1:7	
Chilmark	1:6	1:8	1:12	Awaiting ring fencing discussions to be concluded and elective capacity review in orthopaedics
Plastics & Burns	1:4.25	1:5.6	1:5.6	
Tamar	1:7	1:7	1:10.5	
Surgery				
Britford	1:5	1:5	1:7	SAU – 6 bay ambulatory area additional at 1:6 during day opening
Downton	1:8	1:8	1:12	
Clarendon	1:4	1:4	1:4	
Braemore	1:7	1:7	1:10	Based on the 20 beds
Radnor	ICS Levels of Care 1;1 or 1:2			10 beds commissioned from April 2016
CSFS				
Sarum	1:4	1:4	1:4	Based on 12 commissioned beds

Title: Midwifery Staffing report**1. Introduction**

This report serves as a six monthly review of Midwifery staffing at SFT and fulfils the requirements of the National Quality Board (NQB) expectations and NICE guidance (2014) that the board are updated about midwifery staffing on a 6 monthly basis

As previously reported the maternity service consistently and continuously reviews the services and workforce in line with national standards, guidelines and Birth rate Plus. This report demonstrates compliance to key Midwifery recommendations from NICE (2014) which includes:

- Review and determine the Midwifery staffing establishment every 6 months
- Provide 1:1 care in labour (audited monthly).

The department complies with these recommendations

The National Quality Board has recently released new recommendations as part of its Safe, sustainable and productive staffing documents, this being to aid Trusts with decision-making.

- NQB 'An improvement resource for maternity services' (January 2018).

These new recommendations are outlined with a response of where the Trust measures against them, Table 1 below.

Table 1

NQB Safe, sustainable and productive staffing An improvement resource for maternity services (January 2018)		
	In determining staffing requirements for maternity services:	Trust response
1	Boards are accountable for assuring themselves that appropriate tools (such as the NICE-recommended Birthrate Plus (BR+) tool for midwifery staffing) are used to assess multiprofessional staffing requirements.	The department uses the Midwife to Birth ratio which is part of the Birthrate Plus tool. The department also utilises the Intrapartum 'Acuity tool' element of Birthrate Plus and uses this tool 3 times a shift on labour ward. On an annual basis a table top exercise is carried out as a check and balance to ensure acuity matches staffing. This is next to being completed in July 2018.
2	Boards are accountable for assuring themselves that results from using workforce planning tools are cross-checked with professional judgement and benchmarking peers.	Response as above and the acuity audit will be provided in the next six monthly 'Safer Staffing' Midwifery report. Maternity will scope further use of CHPPD to support staffing requirements.
3	Boards must review midwifery staffing annually, aligned to their operational and strategic planning processes and review of workforce productivity, as well as a midpoint review every six months in line with NICE guideline NG4.	Midwifery staffing is reviewed monthly and is reported in the six monthly Safer Staffing report against previous NQB and NICE guidance. Midwifery Services have been reviewed following strategic and operational planning and due to high turnover and maternity leave have been given permission to over-recruit to avoid the use of agency staff in October 2018 when newly qualified midwives come out of university.
4	Boards are accountable for assuring themselves that staffing reviews use the	Six monthly safer staffing reports to Trust Board will cover this.

	RCOG, RCoA and OAA guidelines on effective maternity staffing resources.	
5	Boards are accountable for assuring themselves that sufficient staff have attended required training and development, and are competent to deliver safe maternity care.	Midwifery staff training compliance is reported through the DMC and features in the performance report to board. Practical Obstetric Multi-professional Training (PROMPT) is provided for all Midwives.
6	Organisations should have action plans to address local recruitment and retention priorities, which are subject to regular review.	The Trust has an established Recruitment and Retention group in place and Recruitment and Retention Action plans. These are reviewed monthly at the Nursing, Midwifery and Therapy Safer staffing Group and Board are updated on actions in the six monthly Safer Staffing report. Midwifery staffing, vacancy and maternity leave are reviewed monthly within the department.
7	Flexible employment options and efficient deployment of trained staff should be maximised across the hospital to limit numbers of temporary staff.	The Trust's HR Policies reflect all available flexible working options e.g.: <ul style="list-style-type: none"> • Rostering Policy • Midwifery Escalation Policy • Retirement Policy Midwifery staffing escalation and deployment process in place – managed by Duty Midwifery Manager
8	Organisations should have a local dashboard to assure stakeholders about safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.	There is a Maternity Dashboard which reports monthly indicators as recommended by NQB. The Head of Midwifery is also reviewing more appropriate metrics for the post natal ward.
9	Organisations should have clear escalation processes to enable them to respond to unpredicted service needs and concerns about staffing.	There is a Midwifery Staffing Escalation Policy in place. This includes responding to Red Flags incident reports on Datix which prompt actions to address.
10	Establishments should include an uplift to allow for the management of planned and unplanned leave to ensure that absences can be managed effectively.	The staffing levels have a 19% uplift provided for leave, training, and absence.
11	Organisations must have mandatory training, development and education programmes for the multidisciplinary team, and establishments must allow for staff to be released for training and development.	The maternity department does undertake multi-disciplinary training in a scheduled programme i.e. maternity PROMPT training and Human Factors training Mandatory training is monitored and reviewed for compliance monthly as part of the Maternity TNA
12	Organisations must take an evidence-based approach to supporting efficient and effective team working	PROMPT training provides effective evidence based team working.
13	Services should regularly review red flag events and feedback from women, regarding them as an early warning system.	Staffing 'Red Flags' are in place and Datix incident forms are completed if they trigger. Red Flag incidents are reviewed every month by the Head of Maternity and the Maternity risk manager and reported to the monthly Maternity risk group and the Trust risk group.
14	Organisations should investigate staffing-related incidents, outcomes on staff and patients, and ensure action, learning and feedback.	All staffing related incidents are reviewed by the Head of Midwifery and reported on the monthly staffing report to the maternity risk group Actions are fed back at appropriate forums e.g. DMC

2. Midwife to Birth ratio

The Trust regularly monitors and reports its staffing of Midwife to Birth ratios as this is recommended and found within the Birthrate Plus® tool and is also endorsed by the Royal College of Midwives and the Care Quality Commission (CQC). The ratios are reviewed monthly against the recommended mean national ratio of one whole time equivalent (wte) midwife per 28 births and these benchmarks have been reported on previous six monthly reports.

Birth to Midwife Ratio. July 2018

Jul-16	71.21	206	1	207	1:35	34.9	34.7
Aug-16	71.21	199	4	203	1:34	34.2	35.0
Sep-16	71.21	235	1	236	1:40	39.8	35.2
Oct-16	71.21	174	2	176	1:30	29.7	34.4
Nov-16	71.21	180	4	184	1:31	31	33.8
Dec-16	71.21	161	2	163	1:27	27.5	33.4
Jan-17	76.21	179	2	181	1:29	28.5	32.7
Feb-17	76.21	157	4	161	1:25	25.4	32.3
Mar-17	76.21	197	7	204	1:32	32.1	32.1
Apr-17	76.21	190	3	193	1:30	30.4	31.6
May-17	76.21	190	0	190	1:30	29.9	31.2
Jun-17	76.21	198	2	200	1:31	31.5	31.2
Jul-17	76.21	186	2	188	1:30	29.6	30.8
Aug-17	76.21	187	2	189	1:30	29.8	30.4
Sep-17	76.21	202	4	206	1:32	32.4	29.8
Oct-17	76.21	185	1	186	1:29	29.3	29.8
Nov-17	76.21	209	3	212	1:33	33.4	30.0
Dec-17	76.21	175	1	176	1:28	27.7	30.0
Jan-18	76.21	194	2	196	1:31	30.9	30.2
Feb-18	76.21	179	2	181	1:29	28.5	30.5
Mar-18	76.21	177	3	180	1:28	28.3	30.1
Apr-18	76.21	180	1	181	1:29	28.5	30.0
May-18	76.21	219	2	221	1:35	34.8	30.4
Jun-18	76.21	187	4	191	1:30	30.1	30.3

Totals		10561	126	10687	
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<=1:28
>1:28-<1:35
>=1:35

Notes: Since Jan 2017 ratio is based on midwife establishment minus non clinical percentage as recommended by Birthrate Plus
Total Births sourced from E3 reports
Ratios are rounded to nearest integer

3. Challenges:

- The service continues to see an increase in the Acuity of women accessing the service. This has impacted on the number of inductions of labour and subsequent complexity.
- The National Maternity Review 'Better Births' (NHS England 2016) was published outlining recommendations for a five year forward vision for maternity services. In response to this in 2017 the Bath and North East Somerset/Swindon/Wiltshire Local Maternity System (BSW LMS) was created with provider, commissioner and local authority membership. A co-created Maternity Transformation plan

was drafted towards the end of 2017 which outlines the work streams that are alongside the national expectation of providers from the Better Birth publication. These include the ability to work towards 'Continuity of Carer' through pregnancy, birth and post natal period and the implementation of choice of place of birth for all mothers. These initiatives will impact on staffing requirements.

- A work force analysis of the unregistered staff has been completed and will be reported on in the next workforce report.

4. Strategies employed for improving recruitment and retention of all staff

- Early advert to capture newly qualified 'home grown' staff- This resulted in successful recruitment of 5 newly qualified staff who will be ready to start in October 2018.
- Rolling advert and interview as soon as application is filed.
- Engaged with 'Return to Practice' midwifery programme

5. Recommendations

1. To note the improvements and ongoing progress in recruitment.
2. Note the current maternity staffing and challenges with increased national expectation and acuity of women.

