

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

Report Title:	Adult Nursing Workforce Skill Mix Review 2018 Maternity Workforce Skill Mix Review 2018			
Status:	Information	Discussion	Assurance	Approval
			✓	✓
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: National Quality Board Expectations for Safe Staffing Appendix 2: Compliance against NQB Guidance Appendix 3: National Quality Board Improvement Resource for Deployment of Nursing Associates Appendix 4: Skill Mix Directorate Summaries Appendix 5: Midwives to Birth Ratio Appendix 6: Midwifery Care in Labour Audit			

Recommendation:
<p>Trust Board are requested to discuss and agree the attached report and its recommendations within the public Board meeting which is a requirement of the National Quality Board (2013; 2016) expectations on ensuring staffing capacity and capability. The recommendations within the adult nursing workforce review are:</p> <ul style="list-style-type: none"> 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, specifically: <ul style="list-style-type: none"> SFT nursing establishments are set to achieve an average of 1:5 – 1:7 registered to patients across the majority of wards during the day; areas not achieving have been reviewed. Wards are staffed on average 60:40 registered/unregistered ratio, with exceptions linked to the implementation of the band 4 role. To note the on-going progress with compliance with the guidance from the National Quality Board on safe, sustainable and productive staffing and the self-assessment against the draft toolkit of acute adult inpatient care. To note the new National Quality Board Developing Workforce Safeguards guidance and the initial assessment of compliance by nursing. To note the new National Quality Board Improvement resource related to the deployment of Nursing Associates and assessment of compliance. To continue momentum of actions to fill vacancies and reduce the reliance on high cost agency against the backdrop of agency control from NHS Improvement. To discuss the report at open Trust Board as an ongoing requirement of the National Quality Board expectations around safe staffing assurance.

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

In addition for maternity services:

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

Executive Summary:

Purpose:

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

A report outlining established staffing in midwifery is also included.

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

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

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

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

History:

A 6-monthly staffing review has been published to Trust Management Committee and Trust Board since it became a requirement in 2014.

The review findings are validated at the Nursing and Midwifery Forum.

Main Issue/Executive Summary

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.

The latest review for 2018 has shown that overall areas broadly meet the recommendations with staffing levels set to achieve an average of 1:5 to 1:8 registered nurse to patient ratio in the majority of areas during the day, with the exception of Amesbury which is 1:10 – this was reviewed and increased at an interim staffing review in November 2018.

Overall wards are staffed at 60:40 registered/unregistered ratio in the majority of general in-patient areas. Exceptions are where there has been active implementation of trained band 4 role where appropriate.

The recommendations in this report link to the statutory responsibilities arising from the National Quality Board expectations (2013: 2016) on ensuring staffing capacity and capability.

1. Purpose

- 1.1 The purpose of this paper is to report the outcomes of the 6 monthly review of ward staffing nursing establishments. This full review forms part of the Trust's approach to the systematic review of staffing resources to ensure safe staffing levels meet patient care needs.
- 1.2 The paper focuses specifically on a review of in-patient ward areas, intensive care, and Emergency Department (ED), Spinal Unit and Children's service. Theatres and Out-patients have been subject to separate reviews.
- 1.3 A specific report focussing on midwifery is also presented as part of this paper.
- 1.4 The report fulfils expectation 1 and 2 of the NQB requirements for trusts in relation to safe nurse staffing.
- 1.6 The report also includes an early review of Developing Workforce Safeguards which the Trust is expected to be compliant with by April 2019.

2. Specific Detail

2.1 Ward staffing review methodology

- 2.1.1 In 2012 SFT established a systematic, evidence-based and triangulated methodological approach to reviewing ward staffing levels on a 6-monthly basis and taking proposals for changes to establishment to Board to be approved and implemented via budget setting process. The aim of this process is to provide safe, competent and fit for purpose staffing to ensure delivery of efficient, effective and high quality.
- 2.1.2 This process has been adapted to include a full annual skill mix review presented to Board in December, followed up by an update review 6 months later to ensure plans are still appropriate and to review the impact of any investment. The last full review went to Board in 2017 and an update went to Board in June 2018.
- 2.1.3 The approach taken for the full skill mix review utilises the following methodologies:
 - Shelford Safer Nursing Care Tool Acuity/Dependency staffing multiplier (a nationally validated tool). This is now incorporated into the Safecare module of Allocate Healthroster, is assessed three times per day on the ward and used as part of the twice daily staffing meetings.
 - Care Hours per Patient Day
 - Professional judgement
 - Peer group validation
 - Benchmarking and review of national guidance
 - Review of e-rostering data
 - Review of ward nurse sensitive indicator data
 - Review of HR indicators and finance metrics
 - INSIGHTs data (from Allocate E-Roster data)

2.2 National Guidance

- 2.2.1 In 2013 as part of the response to the Francis Enquiry the National Quality Board (NQB) 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, broadened to include all staff groups and re-issued in July 2016 to

include the need to focus on safe, sustainable and productive staffing. The expectations outlined in this guide are presented in Appendix 1.

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

- 2.2.2 These expectations are fulfilled in part by this review and the detailed action plan (Appendix 2) which shows assessment and progress against the 37 recommendations that make up the 3 over-arching recommendations. This assessment shows SFT to be fully compliant with 31 recommendations, with on-going action required against 6.
- 2.2.3 There is now available a suite of improvement resources developed and designed to support the approved NQB guidance on safe, sustainable and productive staffing. The resources applicable to the Trust are:
- In-patient Wards for Adult Acute Hospitals - is aimed at wards that provide overnight care for adult in-patients and excludes intensive care, high dependency, acute admissions and assessment units.
 - Urgent and Emergency Care
 - Maternity Services
 - Children's Services
 - Deployment of nursing associates in secondary care

These resources have been included within the process for the skill mix reviews and assessing compliance against them.

- 2.2.4 In July 2014 NICE published clinical guideline 1: Safe Staffing for nursing in adult in-patient wards in acute hospitals. This guideline is made up of 38 recommendations. A detailed action plan was developed and is reviewed every 6months to ensure still compliant with guidance its recommendations.
- 2.2.5 In October 2018 NHSI published 'Developing Workforce Safeguards – Supporting providers to deliver high quality care through safe and effective staffing'. The full document is still to be discussed through Executive Workforce Committee as it applies to the whole workforce. However, it is worth noting here aspects which directly refer to nursing. The document moves forward from the NQB Guidance as described above and from April 2019 NHSI will assess Trusts compliance with the 'triangulated approach to deciding staffing requirements

described in the NQB guidance – the Trust is compliant with this through the staffing review process.

Trusts will also be asked to include a specific workforce statement in their annual governance statement.

The high level recommendations in the report are outlined in the table below with early assessment of compliance for nursing. Within the guidance each high level recommendation has a series of sub recommendations:

Ensure NQB Guidance is embedded in Safe staffing governance	Compliant
Ensure Safe staffing processes include using evidence-based tools (where exist), professional judgement and outcomes	Compliant
Confirm their staffing governance processes are safe and sustainable	Compliant for nursing/midwifery
Director of Nursing and Medical Director must confirm in statement to Board they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	Compliant for nursing
Trusts must have an effective workforce plan that is updated annually and signed off by CEO and executives	In development
Ensure organisation has agreed local quality dashboard that cross checks comparative data on staffing and skill mix with other efficiency and quality metrics such as model hospital – reported monthly	In development
Assessment of re-setting of the nursing establishment and skill mix (based on acuity and dependency data, using an evidence – based toolkit) must be reported to board by ward or service area twice a year	Compliant
Must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool, except in context of rigorous independent research, as this may affect recommended establishment figures	Compliant
As stated in CQC well-led framework guidance and NQB guidance any service changes, including skill mix changes, must have full quality impact assessment	Compliant
Any redesign or introduction of new roles (including nursing associate, physician associate, advanced clinical practitioners) must have full QIA	Complaint (QIA completed for physician associate, no change to RN establishment with implementation of Nursing Associate)
To manage daily operational challenges, Trusts expected to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes.	Compliant
Should risks associated with staffing continue or increase and mitigation is insufficient, Trusts must escalate issues to Board and consider actions such as full or partial closure of services or reduced provision eg wards, beds and teams, realignment, change skill mix	Compliant

- 2.2.6 In January 2018 the NQB published an additional resource ‘An improvement resource for the deployment of nursing associates in secondary care. An analysis of the recommendations

has been completed (Appendix 3) and we are compliant with the guidance through the approach taken for the deployment of Nursing Associates which has not resulted in a substantial change to the RN establishment (a full QIA would need to be undertaken if this approach were taken). The guidance also indicates that in future Care Hours Per Patient Day (CHPPD) will include a separate line on the data for Nursing Associates.

2.3 6 monthly Ward Staffing Review

- 2.3.1 The full review was carried out with each ward during Q3, reviewing the data from September 2017 – August 2018. The reviews were attended by the ward sister, Directorate Senior Nurse or Associate and Deputy Director of Nursing. The same triangulated methodology was used as in previous reviews – review of nurse sensitive indicators, HR and finance metrics, headroom data, nurse-patient ratios, Safecare data and professional judgement. Next year it is suggested that HR business partners also attend the skill mix reviews.
- 2.3.2 The detailed spreadsheets with ward by ward findings are included in Appendix 4. This provides detailed information on the current establishment levels for each ward and vacancies at time of ward reviews; registered to unregistered ratios; nurse to patient ratios by registered and total nurse staffing by shift; nurse sensitive quality and HR outcome data and detailing acuity and dependency information from the Safer Nursing Care Tool reviewed by ward.
- 2.3.3 Nurse to patient ratios by registered and total nursing
- The ward establishments allow for registered nurse to adult patient ratios during the day across SFT to range from 1:4 to 1:10 depending on specialty and overall staffing model. At the time of the review Amesbury (elective orthopaedics) was the only ward at a ratio of 1:10 where the late shift had 3 RNs and 1 Assistant Practitioner (Band 4), in September following an interim skill mix reviews there has been an increase of 1RN on the late shift – thus the ratio is now 1:7.5. In some areas where there has been active implementation of the band 4 role these ratios can vary on specific shifts, although the underlying establishment ratio has not been altered. These ratios are set against establishment and can regularly increase when wards are not fully established.
 - Planned staffing ratios at night require constant oversight to ensure the model is sufficient to provide the required support for patients out of hours. Ratios range from 1:5 to 1:12; all areas with lower ratios have been reviewed to ensure the registered nurse ratio is appropriate for the acuity of the ward and is offset by higher total staff to patient ratios.
- 2.3.4 Registered to unregistered ratios
- The wards have been reviewed against the benchmark of 60:40 registered to unregistered ratios as the planned model of care.
 - Overall the Trusts registered to unregistered workforce meets the planned 60:40 ratio and the majority of wards are broadly at this level.
 - Several wards have actively implemented the use of Band 4's (elderly care and orthopaedics) and the ratios have been reviewed as registered: band 4: unregistered. This will be further supported when CHPPD is amended to reflect the Nursing Associate role. The band 4 roles continues to be developed as part of models of care and utilisation of the role continues to be a theme for review for each skill mix review to

identify further opportunities, particularly linked to the development of apprenticeships nationally and providing a career development route for unregistered staff.

The Trust is part of the national pilot for the nursing associate role and this approach provides a blueprint for development in the Trust, the first Nursing Associates are due to complete their training in April 2019. An additional cohort of Nursing Associates and Assistant Practitioners are due to commence in March. There are ward areas where the acuity and intensity of patients has increased and treatment and medication regimes are complex and so an overall reduction in registered to unregistered ratios would not be appropriate to maintain safe staffing levels. Focus will continue on reviewing the overall registered to unregistered ratios to ensure reductions are linked to planned model of care changes.

- A few wards are significantly above the 60:40 ratios and this tends to be where the intensity of patient needs requires a higher ratio of registered staff (intensive care, cancer care, cardiology, Acute Medical Unit).

2.3.5 Assessment against safer Nursing Care Tool

- The Safer Nursing Care tool (acuity/dependency model) has been used to model required staffing based on the national recommended nurse to patient ratios for each category of patient in all the adult areas. This is integrated into the Healthcare roster system via the Safecare tool and provides information on the acuity/dependency levels and corresponding staffing levels on a real-time basis. When predicted levels differ from established numbers, professional judgement has been used to assure that the levels set are appropriate for the specialty and number of beds. The data is reviewed at each skill mix review as well as being used to review staffing levels on a daily basis.
- Analysis of SafeCare data is included within the reviews
- In line with the NHSI Developing Workforce Safeguards, licences have been applied for the use of Shelford within SafeCare – at the time of this report they have not been received.

2.3.6 Allowance for additional headroom requirements and supervisory ward leader

- All areas have 19% budgeted funding allocated to allow for additional headroom requirements arising from non-direct care time ie annual leave, study leave, sick leave (parental leave is excluded). Review of the actual headroom for each ward continues to demonstrate that 19% is insufficient and the Trust is an outlier compared to its peers. Data from the e-rostering system overall would indicate on average 23% excluding parental leave is generally required (and is comparable to peers).
- With greater clarity through the electronic rostering system it continues to be evident that the 19% headroom is neither manageable nor efficient, however, it is recognised that wards run to the required establishment.
- The Trust continues to run a supervisory model for ward sisters/charge nurses. In this review the average supervisory time achieved across the wards is 50%, with several wards only achieving 20-30% due to ward vacancies, which is a deterioration from previous reviews. Full benefits of the supervisory model will not be realised until substantive staffing levels improve but where implemented the model continues to demonstrate benefits to the patient experience and safety outcomes at ward level, as well as reducing temporary staffing usage, supporting patient flow as well as supporting the high volume of staff requiring supervision appointed by the international recruitment campaigns. This reduction has been due to the high level of

vacancies and ward leaders needing to fill vacant shifts, it is anticipated that as vacancies improve this will continue to improve. Surgery have Ward Secretary post which has proved successful in releasing ward sisters from administrative duties, and other areas such as MSK have started to roll this out from within budget.

2.3.7 Specific Directorate Themes

Medicine Directorate: Generally across the medical directorate overall staffing establishments for registered nurses are thought to be appropriate for the level of acuity and dependency but it is difficult to fully assess as had high level of vacancies with a reliance on temporary staff, thus impacting on the ability to achieve the set ratios on a shift by shift basis. The interim staffing review in November to TMC saw increased staffing into Acute Medical Unit (AMU) and the Emergency Department (ED), both of which are reflective on on-going increases in admissions through the front door and higher level of acuity – ED attendances have increased and the percentage conversion has also increased, alongside the medical take which has doubled in comparison to last year. As part of the escalation process AMU frequently experience in-patients being admitted into the ambulatory bay overnight. The exception is:

AMU – Additional Nursing assistant on day and night shift approved at Interim Skill mix, and evidence supports carrying this forward. The team also requested an additional RN (or a Nursing Associate/Assistant Practitioner could be alternative grade cover) for the ambulatory bay on the day to support the volume of patients coming through – this would then give 2-3 nurses across the day in the 10 bedded bay.

Emergency Department – The ED has been on intensive support and as a result of this at the Interim Staffing review additional staffing was put in place for the uplift of 3 x band 6 to band 7's to support senior cover across the floor and to ensure we have sustainable staffing model through retention of staff with high skills level at a time of high vacancies; 0.5wte B6 clinical educator post to support the junior skill mix and lead on the education of new and existing staff; an RN on the twilight shift in response to the increase in demand being seen in the evenings. It is recommended that these are carried forward and approved as part of this review. The department has re-introduced the Clinical Navigator role into the department, following successful pilot and business case.

Pitton – Convert B5 to B6 post to increase the junior sisters to 3wte, which would support the high acuity and complexity of patients across the 7days; increase 1 x RN (or Nursing Associate) on the night shift. Over the last year the ward has had high expenditure on enhanced care (£130k ytd of which £60k is on RNs), much of which is RN for high acuity patients with tracheostomies which would support the increase of an RN on night shift – but would expect the ward to then reduce their use of specials.

Farley – as part of their review were undertaking a trial of having RNs on a night shift on-call rota for the management of patients who require 1:1 for thrombolysis. The trial was well-received and the directorate need to complete the work on understanding the costings for the on-call and for any additional costs incurred if staff then require time off. The ward also requested an additional Band 2 Nursing Assistant on twilight shifts to support dependency of patients. Expenditure on enhanced care ytd is £45k, of which £40k is for B2.

Whiteparish – currently the ward's staffing establishment is correct for the acuity and dependency of patients. There is a proposal within the Directorate to increase the footprint by an additional 2 beds, consideration would need to be given to the night shift where the

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

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

Musculo-Skeletal Directorate: Overall established staffing levels are appropriate for the level of acuity and dependency of the patients, however the Directorate has had a very high number of vacancies across all of its wards this year impacting in the ability to fully assess due to the reliance on temporary staffing. The spinal unit has been included in the review has been undertaken within the Spinal Unit which will see the implementation of a lead spinal nurse to oversee both wards and out-patient department to ensure consistency across the two spinal wards, ensure there is effective nursing leadership and oversight across all elements of spinal services.

The exception is Amesbury, elective orthopaedics where at the Interim staffing review an additional RN was agreed for the late shifts, increasing the staffing ratio to 1:8 (from 1:10.6), it was also agreed that the 3rd RN on night would be filled by a Registered Nurse not a band 4. Both of these actions support the workload on the ward when there are high numbers of post-operative patients and the changes to patient flow due to GIRFT review. It is recommended that this change to establishment continues.

Surgical Directorate: Overall established staffing levels are appropriate for the level of acuity and dependency of the patients. Wards across surgery have experienced an improvement in their vacancy rate this year and overall have very few vacancies.

Surgical Assessment Unit continues to be staffed for day time model only but is frequently opened overnight for capacity as part of the escalation plan and which is reliant on temporary staffing and impacts on flow next day. In addition there is an increase in the numbers of patients flowing through the department. Discussion in the review assessed whether additional administrative support or nursing would be required, however it was felt the main challenge was a lack of clinical decision maker on the patient pathway and that the department was often waiting doctors to review patients – the Directorate Management team are undertaking a review of this area.

Ward manager assistant role implemented between Britford and Downton, continues to demonstrate benefits in enhancing the support at ward level and enabling ward sisters to work alongside staff in supervisory capacity, with these wards reporting getting full supervisory time.

Across surgery there is more recognition of the benefit the band 4 role could play and it is anticipated that all wards will take forward the implementation of the Nursing Associate over the coming months.

The new Short Stay Surgical Unit (23hr stay unit) opened in January on Breamore ward. Staffing levels have been reviewed, and considered to be appropriate to planned workload, however it is recommended that there be a conversion of 1 x B5 to B6 to ensure senior nursing presence across the ward 7 days per week.

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

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

Clinical Support and Family Services – Paediatrics

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

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

2.4 Trust wide risks and issues considered in the review

2.4.1 Increasing patient acuity/dependency

The development of services and changing demographic of the population continues to result in an evidenced increase in the complexity, acuity and dependency of the patients admitted into the general wards.

Information on the acuity and dependency of patients, including enhanced care needs is available to be reviewed via the SafeCare functionality in Healthroster and is used in real time as part of the daily staffing meetings. This information is also used in the 6 monthly reviews as part of the professional judgement assessment.

2.4.2 Increasing enhanced care needs

The Trust continues to incur expenditure for patients requiring additional nursing care support due to their enhanced care needs. Year to date there has been £387k, of which £343k is in medicine, £26k MSK and £16k surgery. The Trust has participated in an Enhanced Care Collaborative during 2018 which has made qualitative improvements in the care for these patients, and implemented a new risk assessment tool used for assessing need.

2.4.3 Vacancies and temporary staffing

At the time of the review RN vacancies across the wards continued to be high as per previous review, however during October/November a small improvement has been noted in the overall vacancies. Information on vacancies, temporary staffing usage and actions to reduce are reviewed via the Safe Staffing group and are included in the Workforce Programme Management Board.

Focused recruitment campaigns continue for Nursing Assistants to increase the numbers of substantive staff with the intention of eliminating agency expenditure in this area. The Trust has been noted to be an outlier for retention of NA’s and this is currently being explored further.

Detailed work continues on recruitment initiatives in all Directorates in close partnership with HR. Further work is required in developing retention initiatives to ensure that staff recruited into the organisation are retained and develop their careers within the organisation and the Trust is due to commence an NHSi Retention Collaborative in November 2018.

3. Conclusions

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

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

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

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

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

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

4. Recommendations

- To note the findings of the full ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels, specifically:
 - SFT nursing establishments are set to achieve an average of 1:5 – 1:7 registered to patients across the majority of wards during the day; areas not achieving have been reviewed.
 - Wards are staffed on average 60:40 registered/unregistered ratio, with exceptions linked to the implementation of the band 4 role.
- To note the on-going progress with compliance with the guidance from the National Quality Board on safe, sustainable and productive staffing and the initial self-assessment against new tool Developing Workforce Safeguards.
- To continue momentum of actions to fill vacancies and reduce retention to impact on the reliance on high cost agency against the backdrop of agency control from NHS Improvement.
- To discuss the report at both TMC and open Trust Board as an ongoing requirement of the National Quality Board expectations around safe staffing assurance.
- To agree the additional investment into staffing as outlined in the table below:

Proposed Investment for 2019/20	£ amount	Comments
ED: Uplift of 3 x Band 6 to Band 7 0.5 B6 Clinical Educator 1 x B5 twilight shift (1.33wte)	£2,319 £23,250 £60,268	Already included in run rate as approved in interim review
AMU: 1 x B2 Night Shift (2.55wte) 1 x B2 Day Shift (2.55wte) 1 x B5 Day shift (2.55wte)	£67,111 £54,198 £95,351	Already included in run rate as approved in interim review
Pitton: Convert 1 x B5 to B6 1 x B5 night shift (2.55wte)	£3,164 £109,974	Would be offset by reduction in cost on specials
Farley Cost of on-call rota (yet to be worked out) 1 x B2 twilight shift (1.33wte)	N/K £35,003	Carry forward to next year
Amesbury 1 x B2 night shift (2.55wte) 1 x B5 late shift (1.66wte)	£67,111 £62,189	Already included in run rate as approved in interim review
Breamore Convert 1 x B5 to B6	£3,164	
Total	£583,102	£431,797 offset as within run rate £109,974 offset by reduction in expenditure on specials

NB if Whiteparish bed complement increases could see need for additional RN not costed above

Midwifery staffing Establishment report**Report from: Fiona Coker- Head of Maternity and Neonatal Service****1. Purpose**

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

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

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

2. Maternity Services staffing review methodology

- 2.1** The Salisbury maternity services have, since 2016, been funded to a Midwife to Birth ratio of 1:30. The Safer Childbirth (2007) ratio recommendation is 1:28 for a DGH service. The ratios are analysed monthly and is affected by fluctuating birth numbers this staffing establishment funding was set following the Birth rate plus assessment in 2015 and the investment of 10 WTE registered midwives. The tool measures those included in the establishment including those on maternity leave. (Appendix 5)
- 2.2** Every opportunity to skill mix within the service has been taken. The service has evolved, utilising more maternity assistant hours (for example opening the Day Assessment during the weekend to relieve pressure on labour ward) and the establishment of unregistered staff. A review of the unregistered workforce has been undertaken but not yet been signed off at directorate level.
- 2.3** The NICE clinical standard (55) dictates that each woman should receive 1:1 care during established labour and childbirth by a trained Midwife or a trainee midwife under direct supervision. This is audited monthly (appendix 6) and demonstrates excellent compliance as the care of labouring women is always the priority and escalation is utilised when needed to ensure this.
- 2.4** National Quality Board (2018). *Safe, sustainable and productive staffing*. An improvement resource for maternity services. This new guidance outlines the expectation of the 'Better Births- A five year forward view' agenda and is helpful in terms of the 'Continuity of Carer' element of the service that all maternity services are working towards. Continuity for 20% of women throughout the complete pregnancy birth and post-partum period has been mandated.
- 2.7** Recruitment has improved in the last 12 months and now the focus is on reducing sickness and managing turnover and gaps left by high levels of maternity leave. In June 2018 the vacancy rate was standing at 5 WTE out of an establishment of 85.86 WTE. This was mitigated by a lower birth rate and the use of bank staff ensuring

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

- 2.8** There continues to be an evidenced increase in women with raised BMI, pre-existing medical conditions, age at birthing, and mental health difficulties over the last 8 years. In addition the antenatal surveillance arising from the 'GAP' programme has identified an increase in the number of 'small for gestational age babies.' This has led to a significant rise in the acuity within the service. The activity, acuity and dependency are regularly analysed as the staffing need is not just about birth numbers. Maternity utilises an evidence based acuity tool (Birth rate plus) and this is measured every 4 hours within the labour ward on every shift.
- 2.9** The department is triangulating activity, acuity, risk and the use of escalation so that there is better understanding of the impact of acuity. An acuity report is produced monthly to enable this analysis.
- 2.10** The department has been well supported by HR and turnover and morale have significantly improved. The staff numbers, activity and dependency continue to be analysed on a monthly basis. The leaders within the department appreciate that they have some responsibility for the morale and have done some work this year on appreciative enquiry.

3. Challenges:

- 3.1** The maternity department staffing is complex. It is department that spans pregnancy and safety is paramount. 6 rotas are in place and staff often work between the areas.
- 3.2** In the 2016 National Maternity Review 'Better Births' (NHS England 2016) was published outlining expectations for a five year forward vision for maternity services. Within the vision document a model of case loading midwifery is recommended across all services with the aim of providing continuity of care throughout pregnancy, intrapartum and postnatal period, delivered within midwifery teams of 4-6. Considerable additional midwifery resource of approximately 10 WTE will be required if the service does adopt a fully case loading team model of midwifery as recommended within 'Better Births'. Currently, Salisbury offers a traditional model of inpatient staffing and community teams. However with the department has developed a 'Continuity Pilot.' There are 6 midwives who are 'willing to Try' working in this way. The pilot commenced on 5th November 2018 and in this way the department are optimistic that the NHS mandate will be achieved in part but may not achieve 20% of women will be cared for on a continuity pathway by March 2019. This is expected to be cost neutral as is being financed by changing staff templates.
- 3.3** The maternity service continues to be an area where there is high numbers of staff on maternity leave. This has been an increasing issue throughout 2018 and is predicted to continue to be problematic going into 2019 with up to 9WTE likely to be on maternity leave in the New Year. This has been mitigated by permission from the board to over recruit by 5 WTE. This is considered a low risk strategy as there is

historically considerable turn over within the department, and it removes any reliance on agency staff. Currently due to turnover there is a 0.16 vacancy and the staff retained on fixed term contracts are all 'home grown' newly qualified staff, therefore, recruitment and skill mixing continues.

- 3.4** The workforce is overall now much more junior from an experience perspective. It is therefore increasingly important that the lead midwife on labour ward is case load free and able to coordinate the unit giving advice and support where needed. Incidents in 2018 highlighted that this was a safety necessity.
- 3.5** The numbers of births through the service in 2017-18 was 2297. The predicted birth numbers for 2018-19 are 2153, a slight decrease on the previous year. This is the first year in the last three years in which the number of high risk women birthing at SFT has stayed static. However the number of safeguarding cases have increased by 10%. Escalation has been utilised less often since June due to stable staffing and the Midwife to Birth ratio has been much more stable.
- 3.6** The maternity bank staff numbers have increased slightly over the last 12 months but the majority of the bank contingent is contracted staff who will when possible work additional hours. There has been no use of agency in maternity since January 2018.
- 3.7** The department has been awarded CCG money to construct a Midwifery-led birth unit (MLU) within the existing footprint in the coming year. This is a positive step for choice for women and will support any contingency in capacity needed when the military repatriation commences. Leadership and support staff will be the main staffing requirements for this new venture.

4. Strategies in place for maintaining recruitment and retention of staff

- 4.1** The following strategies are being utilised to maintain the recruitment and retention across the maternity workforce:
 - Early advert to capture newly qualified 'home grown' staff- This resulted in successful recruitment of 5 newly qualified staff in October 2018
 - Support from the board to over recruit to vacancies and to cover maternity leave to remove the need to resort to agency staff
 - Monthly assessment of staffing and effective forecasting.

5.0 Recommendations

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

Neonatal Staffing

1. Purpose

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

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

2. Neonatal Services staffing review methodology

- 2.1** A neonatal nursing workforce review was undertaken in 2016 following a reduction in cots in line with activity and was implemented in November 2016. The department has been in escalation on 22 shifts from May 2018 to November 2018. The service has been over active against plan in the latter half of the year as there has been a rise in the number of high dependency babies which is thought to be related to the higher acuity of women accessing the maternity service and is attributed to a number of local units being redesignated as level 1 units.
- 2.2** All units within the local Neonatal network are utilising a recognised acuity tool (Badger) which enables staff to consider the staffing, capacity and activity in real time and activate escalation when necessary. The senior nurse produces a monthly acuity report to there is clarity around activity.
- 2.3** Within the staffing numbers 70% of RNs are expected to be Qualified in speciality (QIS) and the unit is currently at 62%. The QIS nurses are difficult to attract to a local new-born unit so the strategy of 'growing our own' is in place and is robustly pursued. This requires some backfill to enable staff to complete the qualification but this is managed successfully with experienced bank currently. 3 RNs will be training in speciality in 2019.

3 Challenges:

- Key challenges within the neonatal unit have been short term sickness which has been over 3% on average in the first 6 months of the year. To mitigate against this the department is recruited to 115% (within the 19% headroom). This enables some readjusting when sickness does occur, and flexibility across post-natal and Sarum when the paediatric service goes into escalation.
- The service continues to struggle to recruit nursing staff that are qualified in speciality. 'Home Grown' staff remains the best option and the head room is utilised to provide backfill for the nurses in training.

- There is a national initiative (ATAIN) to reduce the number of babies admitted to a neonatal service. This demands a transitional care provision which has been developed within SFT in 2018 and the neonatal nurses are providing an outreach service to the postnatal ward for transitional care babies.
- The service has a rotational post with the children's service to enable newly qualified registered children's nurses to gain experience and confidence.
- In the next 4 months there will be gaps created by maternity leave and a small reduction in hours requested by 2 staff.

4. Strategies in place for maintaining recruitment and retention of staff

4.1 The following strategies are being utilised to maintain the recruitment and retention across the maternity workforce:

- Early advert to capture newly qualified 'home grown' staff- This resulted in successful recruitment of 2 newly qualified staff in October 2018
- Recruited into headroom to allow flexibility within a specialist service to cover maternity leave/sickness resulting in minimal need to resort to agency staff
- Monthly assessment of staffing and effective forecasting.

5.0 Recommendations

1. To note the improvements and the on- going progress in recruitment.
2. To note and continue to support the plan to maintain the current staffing to manage maternity leave and sickness.

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

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

	Descriptor	No	Recommendation	Current measures in place	Assessed SFT rating C-compliant A-actions required	Identified actions required	Timescale	Lead
Expectation 1: Right Staff	<p>Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all settings in NHS provider organisations.</p> <p>Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (ie the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the Board after six months to ensure workforce plans are still appropriate.</p> <p>There should also be a review following any service change or where quality or workforce concerns are identified.</p> <p>Safe staffing is a fundamental part of good quality care, and the CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations.</p> <p>Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.</p>	1.1 Evidence-based Workforce Planning						
		1.1.1	The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach in this NQB resource	Triangulated approach to skill mix reviews well embedded. Shelford SNCT used and embedded in SafeCare as part of e-rostering. NICE guidance systematically reviewed	C	Continue with current approach and further develop use fof CHPPD and SafeCare	Complete	DDoN
		1.1.2	The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and enable benchmarking with peers	All tools used as recommended	C	Continue to monitor use of SafeCare to ensure no local modification	Complete	DDoN/E-roster lead
		1.1.3	Workforce plans contain sufficient provision for planned and unplanned leave eg sickness, parental leave, annual leave, training and supervisions	Headroom 19%. Uplift reviewed at each skill mix review	PC	Skill mix reviews to continue to demonstrate actual uplift required	Paritially Complete	DoN/DDoN/ E-roster lead
		1.2 Professional Judgement						
		1.2.1	Clinical and managerial professional judgement and scrutiny are a crucial element of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way.	6-monthly staffing reviews which are face to face meetings with Ward Lead, DSN and Deputy DoN. Range of indicators including quality, HR, finance and ratios are reviewed alongside professional judgement	C	Continue with current approach and further develop use fof CHPPD and SafeCare	Complete	DDoN/DSNs/ Ward Leads
		1.2.2	Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing to reflect changesin case mix, acuity/dependency and activity.	Professional judgement used as part of twice daily staffing meetings.	C	Continue with current approach and further develop use fof CHPPD and SafeCare	Complete	DDoN/DSNs
		1.3 Compare Staffing with Peers						
		1.3.1	The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.	Benchmarking with peers via INSIGHTs. Data being entered into Model Hospital	PC	Next review will include data from Model Hospital	Apr-20	DDoN
		1.3.2	The organisation reviews comparative data on actual staffing alongside data that provides the context for differences in staffing mix (eg length of stay, occupancy rates, caseload), patient movement (admissions, discharges and transfers), ward design and patient acuity and dependency	All considered as part of systematic staffing reviews	C	Continue with current approach and horizon scan for further opportunities	Complete	DDoN
		1.3.3	The organisation has an agreed local quality dashboard that triangulates comparative data on staffing and skill mix with other efficiency and quality metrics eg for acute inpatients, the model hospital dashboard will include CHPPD	Quality/HR/finance indicators reviewed at Skill Mix reviews. Data entered into Model Hospital but needs further focus on analysing data	c	Continue to work with Allocate and NHSi on Heatmap work looking at CHPPD metrics - complete	Complete	DDoN/E-roster lead
	<p>Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality efficient services, and there is a staffing resource that reflects a multiprofessional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive serv ices. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skill gap.</p>	2.1 Mandatory training, development and education						
		2.1.1	Frontline clinical leaders and managers are empowered and have the necessary skills to make judgements about staffing and assess their impact, using the triangulated approach outlined in the document.	All frontline leaders skilled to manage staffing agenda, roster masterclasses, and training for new ward leaders. Recent NHSi work on heatmaps shows good roster management	C	Continue to maintain competence, skill and knowledge through on-going masterclasses and staffing reviews	Complete	DDoN/E-roster lead/DSN
		2.1.2	Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students.	19% headroom allowance (excluding maternity leave). Rosters show average of around 23% needed (excluding maternity leave). Ward leads get 4/5 days supervisory allocated but only taking approx 50% due to staffing pressures	PC	Continue through skill mix reviews to demonstrate need for additional headroom. Continue to review supervisory time. Continue roll out of CLIP model to support students	On-going	DDoN/E-roster lead/DSNs/Ed ucation team

Expectation 2: Right Skills		2.1.3	Those with line management responsibilities ensure that staff are managed effectively, with clear objectives, constructive appraisals and support to revalidate and maintain professional registration.	JDs articulate management responsibilities, compliance with appraisals and training monitored. All staff successfully revalidated so far	C	Continue to keep oversight of JDs and continue to monitor compliance through HR metrics and skill mix reviews	Complete	DDoN/DSNs/HR
		2.1.4	The organisation analyses training needs and uses this analysis to help identify, build and maximise the skills of staff. This forms part of the organisations training and development strategy, which also aligns with Health Education England's quality framework.	Training needs analysis completed at ward level, further work required to bring this into comprehensive trust approach	A	Work with HR and L&D to agree approach. Forms part of People Strategy	Apr-19	HRD/Head of L&D
		2.1.5	The organisation develops its staff skills, underpinned by knowledge and understanding of public health and prevention, and supports behaviour change work with patients, including self-care, well-being and an ethos of patients as partners in care	Implementing MECC and Health Coaching with nurse specialists	C	Continue to implement	On-going	DDON/Patient safety lead
		2.1.6	The workforce has the right competencies to support new models of care. Staff receive appropriate education and training to enable them to work more effectively in different care settings and in different ways. The organisation makes realistic assessments of the time commitment required to undertake the necessary education and training to support changes in models of care.	QI approach throughout the organisation being established. Working across boundaries much more developed within Thearpy working	A	Identify areas where this should be prioritised and piloted such as OPAL	Apr-19	Head of Transformation
		2.1.7	The organisation recognises that delivery of high quality care depends upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates significant time for team leaders, professional leads and lead sisters/charge nurses/ward managers to discharge their supervisory responsibilities and have sufficient time to coordinate activity in the care environment, manage and support staff, and ensure standards are maintained.	Ward sisters have 80% allocated supervisory time. Ward sister development sessions run quarterly. Intensive support programmes run where concerns regarding leadership of clinical area	C	Continue to monitor % of time given to supervisory as linked to on-going vacancy challenges	Complete	DDoN/DSNs
	2.2 Working as a multiprofessional team							
		2.2.1	The organisation demonstrates a commitment to investing in new roles and skill mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care	Involved in national pilot of Nursing Associate roles, utilising APs, reviewing options such as pharmacy techs delivering medicines, ward administrator in place in surgery and looking to implement ward housekeeper role	C	Continue to review all opportunities for delivering workforce differently	Complete	DDoN/DSNs/Education
		2.2.2	The organisation recognises the unique contribution of nurses, midwives and care professionals in the wider workforce. Professional judgement is used to ensure that the team has the skills and knowledge required to provide high quality care to patients. This stronger multiprofessional approach avoids placing demands solely on any one profession and supports improvements in quality and productivity as shown in the literature	Strong evidence for staff pursuing extended roles as part of skill and service reviews	C	Continue to expose opportunities for new ways of working within the MDT	Complete	
		2.2.3	The organisation works collaboratively with others in the local health and social care system. It supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demand and able to work across care settings, care teams and care boundaries	Evidence through introduction of models such as OPEL and ESD	C	Continue to seek out opportunities to work collaboratively with other professions and sectors	Complete	
	2.3 Recruitment and retention							
		2.2.1	The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap ⁴² demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.	Strong equality and diversity lead in the organisation, with compliance monitored through separate subgroup. Deputy DoN sits on this group	C	Separate Equality & Diversity plan, reported through to Board	Complete	E&D lead/Director of HR
		2.3.2	The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid the over reliance on temporary workforce	Full recruitment strategy for nursing in place. Safe Staffing Group established - review all associated data and agrees actions	C	Further work required on retention of staff - part of NHSi Collaborative	On-going	Deputy DdoN/Deputy DHR

		2.3.3	In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development	This is an area where we could improve knowledge on the issue. Approaches to retention and development tend to be localised	A	Further work required on understanding generational needs to inform recruitment and retention. This could be achieved through the retention workshops and careers clinics	Apr-19	DDoHR
Expectation 3: Right place and time	Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at Board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.	3.1 Productive working and eliminating waste						
		3.1.1	The organisation uses 'lean' working principles such as the productive ward, as a way of eliminating waste	Transformation/PMO incorporates lean techniques	C	Continue to ensure lean techniques are used as part of system transformation	Complete	PMO
		3.1.2	The organisation uses pathways to optimise patient flow and improve outcomes and efficiency eg by reducing queuing	Incorporated into service redesign eg reprovision of AMU, RACE etc	C		Complete	PMO
		3.1.3	Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs and making best use of available resources	Staff are employed to be fully flexible (skills and competence allowing), skills being incorporated into rostering system, daily staffing reviews ensure staffing allocated to acuity and dependency	C	Continue to review as part of daily staffing meetings	Complete	DDoN/DSNs
		3.1.4	The organisation focuses on improving productivity, providing the appropriate care to patients, safely, effectively and with compassion, using the most appropriate staff	Staff are employed to be fully flexible (skills and competence allowing), skills being incorporated into rostering system, daily staffing reviews ensure staffing allocated to acuity and dependency	C	Continue to review as part of daily staffing meetings	Complete	DDoN/DSNs
		3.1.5	The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing wasted time is a key priority.	Included in the methodology for skill mix reviews eg looking at how other roles can be incorporated into ward based nursing	C	Continue with current approach	Complete	DDoN/DSNs
		3.1.6	Systems for managing staff use responsive risk management processes, from frontline services through to board level, which clearly demonstrate how staffing risks are identified and managed	Clear escalation process for managing staffing risks. Red flag reporting in place. Monthly staffing report to Board including mitigation	C	Continue with current processes and monitor trends with staffing risks	Complete	DDoN/DSNs/Risk
		3.2 Efficient deployment and flexibility						
		3.2.1	Organisational processes ensure that local clinical leaders have a clear role in determining flexible approaches to staffing with a line of professional oversight, that staffing decisions are supported and understood by the wider organisation, and that they are implemented with fairness and equity for staff.	All ward/dept leaders involved in 6-monthly skill mix reviews and the setting of establishment levels and reviewing rostering templates. Six monthly check and challenge meetings	C	Continue with current approach, ensure all new ward leaders are given training as part of induction	Complete	DDoN/E-roster/DSNs
		3.2.2	Clinical capacity and skill mix aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus making the best use of staffing resource and facilitating effective patient flow	Clinical specialty, acuity and dependency via SafeCare and pathways included as part of systematic skill mix reviews	C	Continue with current approach and ensure staffing requirements feed into site reconfiguration	Complete	DDoN/DSNs
		3.2.3	Throughout the day, clinical and managerial leaders compare the actual staff available with planned and required staffing levels, and take appropriate action to ensure staff are available to meet patients' needs	Twice daily staffing meetings that use SafeCare which compares actual and required, and linked to site requirements	C	Continue with current approach	Complete	DDoN/DSNs
		3.2.4	Escalation policies and contingency plans are in place for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care, and staff are aware of the steps to take where capacity problems cannot be resolved	Twice daily staffing meetings, escalation policy for unresolved staffing issues. Temporary staffing escalation policy sits alongside	C	Continue with current approach and review escalation procedures to ensure remain fit for purpose	Complete	DDoN/DSNs/Site

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

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

1	As with all new roles, adopt a systematic approach using an evidence-informed decision-support tool triangulated with professional judgement and comparison with relevant peers	Compliant
2	Take staffing decisions in the context of the wider senior registered multi-professional team	Compliant
3	Consider safer staffing requirements and workforce productivity as an integral part of the deployment process	Compliant
4	Ensure there is a local dashboard to assure stakeholders about safe and sustainable staffing. The dashboard should include quality indicators to support decision-making	In development
5	Ensure that the organisation is familiarised with the NMC standards of proficiency and with individual nursing associate competencies	Compliant
6	Ensure that there is an appropriate escalation process in cases where issues arise as a result of deployment	Compliant
7	Investigate staffing-related incidents, the impact on staff and patients and ensure action and feedback	Compliant
8	Develop guidelines to ensure that existing staff are aware of the rationale for deployment, the risks and benefits of the role, and process for escalation of concerns	Further work required
9	Complete a full quality impact assessment before there is any substantial skill mix change of deployment of a new role	Compliant

WARD STAFFING REVIEW
Aug-18

[illegible]

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

[illegible]

11/11/2014

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

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AO

Date: Ward: Sarum

Present: Sr Mandy Cooper
Alison Montgomery, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

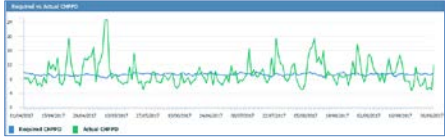
Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Incidents generally low - working with team to ensure full reporting including near misses. Red flag - 31. Beds funded to 12 but can escalate to 18, with escalation process and runs DAU Sat/Sun in winter. 1 compliant around ward based care. Complete audits such as weights, safeguarding compliance, cannulae etc - broadly around 70% compliance in audits.
1.2 HR Indicators	1.5RN on maternity leave, vacancies 1.3 plus 1 additional post for winter pressures. 4th nurse on shift as outreach nurse - though used to backfill ward if ward short. Turnover generally low - 2 leavers last year 1 relocated and 1 due to childcare issues. Sickness low at 3%. Appraisals 85% MLE 78%
1.3 Finance	
1.4 Current establishment	Generally satisfactory - a lot of work last year with wider childrens service review - which saw ward take burns children, but also development of outreach nurse - funded to match differing capacity requirements in summer and winter
1.5 Supervisory	
1.6 Professional judgement of staffing ratios	
1.7 Safe Care Data	
1.8 Other supporting evidence to any proposed changes to skill mix	

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
Review ward clerk/receptionist role - business case being developed within DMT	Ward Sister	Mar-19
Full evaluation of childrens service review to be undertaken by new DSN when in post	DSN	Apr-19

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



WARD STAFFING REVIEW
Aug-18

Wards/département	Beds	Current Position																																			
		Total Funded Establishment WTE	Funded Establishment Band 6 and 7 WTE	Funded Establishment Band 5 WTE	Funded Establishment Band 4 WTE	Funded Establishment Band 3 WTE	Funded Establishment Band 2 WTE	Budget (financial)	Current maternity leave WTE	Average % uplift during April 17 - June 16	Sisters/Charge Nurses		Vacancies (as at time of skill mix interview)					Total Number of staff per shift										Admin support (WTE)				Sisters/Charge Nurses	Skill mix as a proportion of total staff (not national RN 50%)				
											No Band 7	No Band 6	Band 5 Vacancy WTE	Band 5 Vacancy WTE	Band 4 vacancy WTE	Band 3 vacancy WTE	Band 2 vacancy WTE	N-Registered	N- Band 4	N- Band 3	N- Band 2	N- Registered	N- Band 4	N- Band 3	N- Band 2	N- Registered	N- Band 4							N- Band 3	N- Band 2		
Shift patterns (for 2 or 3 shift pattern)																																					
Ward Clerk																																					
Housekeeping Assistant																																					
Ward managers Assistant																																					
Average % supervisory																																					
Registered %																																					
Band 3 / 4 %																																					
Band 2 %																																					
AMU	+10nrollees	36.05	6.33	19.54	1.8	0.51	8.87		0.31	19%	1	5.33	3.8	5.85	0.00	0.00	1.44	5	1	0	3	5	1	0	3	4		1	2	1	0	0	50%	70%	7%	23%	
Tisbury	23 (52)	32.88	4	21.22	2		5.66		4	35%	1	3.62	0	3.4	2.0		1.3	6			2	6		2	4			1	2	1	0	0	60%	73%	27%		
Redlynch	27	33.33	3	16.18	0.5	0.67	10.43		0	30%	1	2		5.7			2.3	4			2	3		2	4	1						40%	62%	4%	34%		
Piston	27	33.77	3	16	1.89	1.31	9.77		0	30%	1	2	1	3.3	0.0	0.0	1.5 (5 (d)				4	5(d)		2	3			2	2	1			25%	71%	29%		
Farley	30	38.61	4	19.5	1	0.8	15.31	1,258,710	0	26%	1 (2)	3	0	7.4	0.0	0.0	0.5 (to Friday) (numbers)		0	5	5 (numbers)	0	3	3	(1 in B5 m	0	2	2	1	0	0	20%	56%	4%	40%		
Dunnington	21	28.49	3.99	12.13	0	0	12.77			30%	1	2	0.8	3.3			4.1	3			3	3		2	2		2	2	1	0	0	20%	55%	45%			
Spire	30	38.69	3	17.44	inc in B5%		18.25	1,353,336	1466	28%	1	3	0	8.6			2.8	4	inc in B5%		6	4	inc in B5%		3	3		2	Mixed	1	0	0	40%	59%	41%		
Hospice	16	21.51	0.9	11.38	0	0	9.23		0	27%		1.3		0.4			0.6	2			2	2		2	2		1	3	0	0	0	57%		43%			
Pembroke	10	26.65	4.0	16	0	0	7.63	1,031.00	1.00	19.00%	1	3	0	2	0	0	1	2	0	0	1	2	0%	0	1	2	0	0	0	3	1	1.0%	0.00%	40%	81%	0.00%	19%
Whiteparish	23 SSEU	28.52	3.0	10.31	2	0	13.21		1.00	24.30%	1	2	0	4.26	0	0	0.67	4	inc in RN	0	3	3	inc in RN		3	2	0	0	2	2	0.8	0.0%	0.00%	50%	53%	47%	
ED	6 SSEU	61.41	9.95	31.25			5.11	14.1	3	26.6	1	8.95		11.3			4.6																				

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

Trained nurse staffing relative to patients (early / day shift)		Trained nurse staffing relative to patients (late shift)		Trained nurse staffing relative to patients (night shift)		Staffing relative to population served ie nurses per occupied bed (NPOB) on a early/day shift		Staffing relative to population served ie nurses per occupied bed (NPOB) on a late shift		Staff Turnover		Sickness absence (average)		Nursing Sensitive Indicators September 2017 - June 2018									
RN	No Patients	RN	No of patients	RN	No Patients	Nurses	No beds	Nurses	No beds	%	%	%	%	No of PU Grade 2 or above	Complaints	No of Falls	No of MRSA Bacteraemia	No of MSSA Bacteraemia	No of C diff (reportable and non-reportable)	% Compliance Appraisals	% compliance Bar and Band training	No of Red Flag Incidents	Signatures in Place
1	4.75	1	4.75	1	4.75	1	2.4	1	2.4	28.0%	4.90%	5	3	40			0	0	50%	72%	27	Y	
1	3.80	1	3.80	1	5.75	1	2.87	1	2.87	31.0%	8.50%	6	4	42	0	1	2	86%	92%	13	Y		
1	6.75	1	6.75	1	9	1	3.4	1	3.4		4.70%	5	1	64	0	0	0	100%	93%	8	Y		
1	5,466.793	1	5,40	1	9	1	3	1	4		2.10%	17	3	82	0	0	1				49	Y	
1	6.00	1	6.00	1	10	1	3	1	3.8		3.94%	6	4	77	0	0	0	63%	96%	55	Y		
1	7.00	1	7.00	1	10.5	1	3.5	1	4.2	22.0%	5.00%	7	2	59	0	0	0	100%	82%			Y	
1	7.5	1	7.5	1	10	1	3	1	4		6.30%	4	3	80	0	0	0		77%	7	Y		
1	5.00	1	5.00	1	5	1	2.5	1	2.5		6.50%	1	2	59	0	3	0				17	Y	
1	5.00	1	5.00	1	5	1	3.33	1	3.33	7	7.40%	10	3	45	0	2	2	77%	80%	14	Y		
1	5.75	1	7.67	1	11.5	1	3.28	1	3.83		5.70%	11	2	76	0	1	1	88%	89%	6	Y		
											5.10%								83%	83%		N/A	

Note ratios discount 2 RNs who cover ambulatory

staffing drops at weekends



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

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AO

Date: 02/08/2018 Ward: AMU

Present: Sam Sanger, Acting Ward Sister
Helen Benfield, Associate DSN
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Since the last review the ward has moved into new accommodation with purpose built bays and a 10-trolley space ambulatory and 19in-patient beds, where it has been for approx 8months at time of review. NSIs good when factor volume and turnover of patients. 3 x complaints and 3-4 concerns relating to patients waiting and moving, and discharge which is wider theme across medicine. Falls are about the same as last year though staff report finding the bigger bay easier to manage and observe patients. Red flags x 27 - approximately the same as last year. Mixed sex breaches in ambulatory high due to use overnight for in-patients.
1.2 HR Indicators	Compliance with appraisals and stat and mand training below target at 50% and 72% - gaps in Safeguarding for M.E. Needs focused attention and should improve with increase in Band 6's who need to take on responsibility for smaller staff groups. Turnover 28% - lost some experienced senior staff - ward move, leadership clarity, some staff needing/wanting to develop eg ITU.
1.3 Finance	Ward overspent - due to change in footprint and use of ambulatory overnight, additional NA on day and night shifts. Also high reliance on agencies due to vacancies
1.4 Current establishment	Staffing for the 19 ambulatory beds feels about right, and the ward has benefited from an uplift in band 6's. vacancies have been high across the year, and generally felt staffing would be better when have own staff on shift. Ambulatory establishment is for RN on long day, with another RN on a late long day (10.30-10.30). Currently added additional band 2 24/7 due to cover the overnight use. 8 x B5 and B6 vacancies at time of review, but expecting 3 newly qualified nurses, plus 3 nurses with experience.
1.5 Supervisory	
1.6 Professional judgement of staffing ratios	As above, had an additional NA on day and night to accommodate on-going use of ambulatory over night for in-patients. Would like to have a band 6 specifically for ambulatory to support flow and turn around of patients. Discussion as to whether this could be an opportunity for a band 4 role (who does the whole role including medicines) - so would be B6, B5 and B4 on shift. Requires some data on volume of attendances in ambulatory, target to be seen within 15mins of which currently achieving 53% against target of 85%.
1.7 Safe Care Data	SafeCare data reviewed - lots of spikes indicating data not accurately completed. But picture shows over time more balance between actual and required, use tool for medical assessment units. Timings have been added in for short and full assessments.
1.8 Other supporting evidence to any proposed changes to skill mix	Need to gather evidence for demonstrating benefit of increasing ambulatory by 1xRN or 1xB4

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Focused attention on improving compliance with appraisals and stat and mand training to achieve expected compliance rate of 85%	Ward Leader and deputies	Dec-18
2.2 Seek funding of additional NA on day and night shift - cost £120k	Execs via skill mix review	Approved at TMC in Oct 2018 as interim
2.3 Review requirement for additional RN or Band 4 in ambulatory - directorate need to compile data to support rationale and identify benefits that would be realised from increasing in this area	Ward leader and DSN	Dec-18
2.4 On-going work on recruitment of both Band 5's and 4's	Ward leader / HR	On-going
2.5		

All actions reviewed from 2017 Skill Mix Review:
Uplift of Band 5 to Band 6's to ensure 24hr ward lead presence in place (recruitment remains on-going challenge)
Role of advanced nurse practitioner was put on hold by Trust
CLIP model embedded

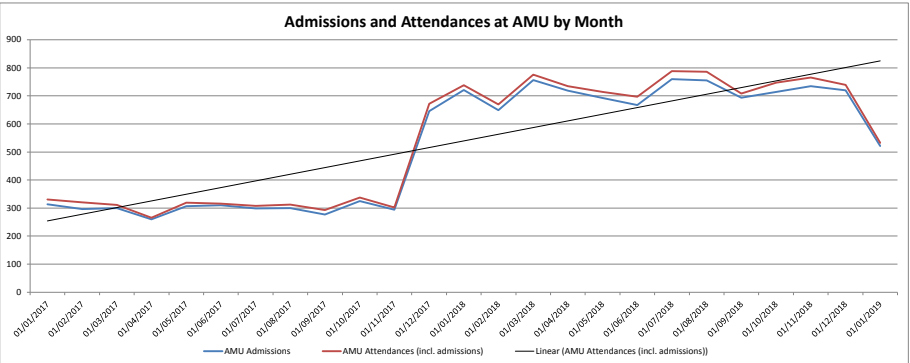
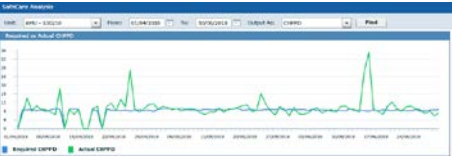
1st April - 30th September 2017



1st October 2017 - March 2018



1st April - 30th June



Date: 02/08/2018 Ward: Tisbury

Present: Rachel Halliwell, Ward Sister
Helen Benfield, Associate DSN
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

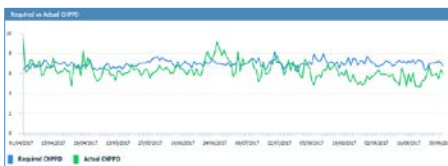
Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Nurse sensitive indicator data broadly similar to last year, 6 pressure ulcers (all grade 2), falls 42 - ward layout means the monitored beds have most visibility but not necessarily appropriate beds for high risk fallers, has plan in place to ensure ward staff practice bay based nursing. Ward lead attends all Share and learn events and has joined falls group. 1 x C-diff though this was removed by CCG as unavoidable. 4 x complaints - theme relating to ward moves which is not necessarily within the control of the ward. Red flag 13 which ward lead feels is reflective of staffing - and good rapport between ward lead and ADSN to know when staff can be moved to other wards.
1.2 HR Indicators	Compliance with Stat and Mand and appraisals excellent - achieved through giving staff an extra hour on study days to do MLE and reminder list sent out every month to staff.
1.3 Finance	Currently overspent - specials (had RMN) and maternity leave and vacancies. Patient mix has had higher acuity which has reduced threshold to manage on lower staffing levels.
1.4 Current establishment	At time of review 3.5 RN vacancies with 4 applicants. 4 x staff on maternity leave (3RN and 1NA) which has significant impact on daily staffing levels.
1.5 Supervisory	Achieving on some days - as staffing improved has got better.
1.6 Professional judgement of staffing ratios	Feels about right for the current patient mix, and vacancies improved over the last year. Discussed option to include Band 4 roles within the ward - is possibility of internal interest on ward.
1.7 Safe Care Data	SafeCare data reviewed, difficult to be fully accurate on CCU. Working with team for them to understand that just because on CCU patient not necessarily level 2 patient. SafeCare data fluctuates across actual being higher than required and vice versa.
1.8 Other supporting evidence to any proposed changes to skill mix	Would like to consider role of practice educator within ward to support new staff and develop learning - looking at 1 shift per week. Ward leader to work up proposal and costings - need to consider how current supervisory role could be used to support this financially.

Section 2: Recommendations/Considerations

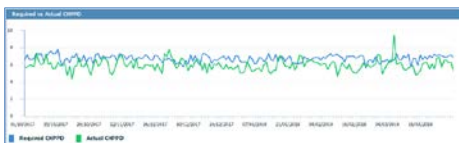
Recommendations/Actions from Review	By Who	By When
2.1 Notes trolley for each bay - promote bay nursing	Ward Sister	Jan-19
2.2 B4's - Rachel to liaise with Angie Hanlon, Band 1-4 lead to look to recruit at least 1 x nursing associate	Ward Sister and Practice Lead for Bands 1-4	Jan-19
2.3 Ward leader to work up proposal and costings for practice educator - need to consider how current supervisory role could be used to support this financially.	Ward Sister / DSN	Mar-19
2.4		

All actions reviewed from 2017 Skill Mix review:
Training package for new staff implemented and Rachel continues to develop these further
Resilience - was not actioned by previous ward manager, but Rachel feels team in much better place
Recruitment to ward improved

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: 29/11/2018 Ward: Redynch

Present: Sr Bincy George, Ward Sister
Allison Peebles, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Quality indicator data reviewed and overall is improved on last year - falls down by 50%, pressure ulcers down from 7 to 2, 0 incidents of C-diff, MRSA or MSSA and complaints 1 in reporting period with 2 concerns - no themes. Red flag staffing incidents down from last year - maybe under reporting.
1.2 HR Indicators	Significant improvement on appraisals now 100% and Stat and Mand training at 93%. RN vacancies 5.7/mile at time to review, however 2 B5 due to complete OU programme, 1 overseas nurse to complete OSCE, 1 x newly qualified due to start in March and an internal transfer, so anticipated by March there will be 0 vacancies. Noted skill mix will be dilute until staff embark. 2.3/mile vacancies for B2 - undertaken interviews with Spire ward. Aim to continue to over recruit on NMs. Sickness 4.7% - higher than last year - long-term sickness with MSK type issues - mainly RNs. Felt opportunity to utilise role of Nursing Associate.
1.3 Finance	Agency expenditure related to vacancies
1.4 Current establishment	Overall if recruited to establishment feels broadly correct for ward. Specials expenditure overall low (1 peak month in July related to 1 patient).
1.5 Supervisory	Getting on average approximately 50% due to RN vacancies
1.6 Professional judgement of staffing ratios	Overall if recruited to establishment feels broadly correct for ward.
1.7 Safe Care Data	Broadly required staffing levels sits slightly higher than actual - felt to be reflective of vacancies as ward often runs short - to be kept an eye on when vacancies improve
1.8 Other supporting evidence to any proposed changes to skill mix	

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
Review increasing band 4's by further 2 posts - Sr George to liaise with Angie Hanlon, Bands 1-4 lead	Ward Sister / Band 4 lead	Mar-19
2.1		
2.2		
2.3		
2.4		

All actions reviewed from 2017 Skill Mix review:
Need for additional NA not identified to be required £34k on specials YTD with 1 spike month

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: 28/11/2018 Ward: Piton

Present: Carrie Jones, Ward Sister
Alison Peckles, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

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

Section 2: Recommendations/Considerations

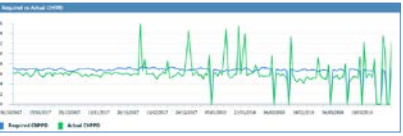
Recommendations/Actions from Review	By Who	By When
2.1 Ensure full ward compliance with SafeCare data entry to enable SafeCare data to be utilised to support future skill mix reviews.	Ward Leader / CSDN	Ongoing
2.2 Convert 1 x B5 to B6 giving ward x 3 B6's to provide ward leadership (and support management of complex patients)	Via Skill Mix review	Apr-19
2.3 Increase establishment of RN to 4 at night to reduce expenditure on specials	Via Skill Mix review	Apr-19
2.4		

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

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: 10/8/2018 Ward: Whiteparish

Present: Vicky Mintrum, Ward Sister
Helen Benfield, Associate DSN
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Nurse sensitive indicators broadly similar to last year, pressure ulcers up at 11 some due to moisture but engagement in share and learn, falls down at 76, and only 2 complaints - 1 related to a death and 1 discharge. Ward adapted well from move from Bresmore up to Whiteparish template. 1 x MSSA and 1 x C-diff. Overall no concerns
1.2 HR Indicators	Sickness overall 5.7% - much higher in NA's than RNs. Excellent compliance with appraisals and stat and mand at 88% and 89% respectively - and much improved on last year.
1.3 Finance	NA on nights now established in budget
1.4 Current establishment	At time of review 4.26 vacancies for RNs and 0.67NA.
1.5 Supervisory	Getting on average approximately 50% due to RN vacancies
1.6 Professional judgement of staffing ratios	Staffing levels feel right for ward - 4RN Mon-Fri, dropping to 3 at weekend. Nights 1:11.5 which is tight - predominantly ward is okay on this but needs to be kept under close review. Opportunities for Band 4 role to be 3rd on night duty.
1.7 Safe Care Data	Review of SafeCare data - had been tracking along with required slightly higher than actual, last few months has reversed on its head - have had mental health patient on long term special.
1.8 Other supporting evidence to any proposed changes to skill mix	N/A

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
Sr Mintrum to speak to Sr Henderson on work on enhanced care and aspects can adapt into Whiteparish	Ward Sister	Mar-19
Discussion within Directorate on whether walls should come down in bay 1 and make it into 4-bedded bay. Consideration would need to be given on staffing levels, particularly night shift which would increase ratios to 1:12	Ward Sister/DSN	On-going
Review increasing band 4's by further 2 posts - Sr Mintrum to liaise with Angie Hanton, Bands 1-4 lead	Ward Sister	Dec-18

All actions reviewed from 2017 Skill Mix review:
Actions related to staffing requirements on moving ward templates - all implemented

1st April -30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: 18/09/2018 Ward: Farley

Present: Kirsty Benfield and Abbie Marchment, Ward Sisters
Rebekah Benson, Associate DSN
Fiona Hyett, Deputy DSW

Section 1: Review of Current Position

Theme/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	There has been improvement in all KQI. Total number of falls have reduced from 125 to 77 and a reduction in major harm from 6 to 4. This is despite increase in number of falls during relocation to the Winterlow template. The number of grade 2 pressure sores have reduced to 6 from 10 and no air related sores. 4 complaints have been dealt with and included face to face interviews this is a slight increase of one from last year. SBMAP score has from a D to a B over the last 3 time periods, which is fantastic achievement from all the team and despite a difficult transition during the relocation period. Excellent RTF and friends and family reports
1.2 HR Indicators	Sickness has seen a further reduction to 3.75% from 5.19%. There are 9 staff on stage 1 and 1 staff member on stage 2 all managed under HR and review meetings up to date. X1 member of staff on long term sickness due to life limiting illness and a further staff member about to return on phased return to work following non work related MGR injury. Appraisals disappointingly slightly down to 63% this is due to non compliance of staff not completing their sections in a timely manner and has been escalated accordingly. Statutory and mandatory training at 98% compliance a 10% increase on last year and a fantastic achievement.
1.3 Finance	Remain overpent on bank and agency due to high vacancies. Increased use of specials and security in the last quarter due to high acuity and dependency of patients.
1.4 Current establishment	Band 5 advert out to bank continually. Vacancies have decreased with uptake of student interest, internal candidates and agency staff willing to become substantive. Retention of staff good, some staff members who have left to pursue other careers have returned. 1 x BA utilised well in numbers and undertakes Monday - Friday role discharge co-ordinator role. Over-recruited to band 2's.
1.5 Supervisory	Approximately 30% of both B7 and B6 time. Time utilised well when working both clinically and non clinically. The extended roles of the senior team well established. TIA clinics running well and staffing utilised within the current need budget. Community outreach service improving. Teaching and education developing well. A further study day booked for remaining trained nurses on the unit to be competent in delivering thrombolysis care.
1.6 Professional judgement of staffing ratios	Staffing much improved which is credit to ward team and with effective roster management. Thrombolysis care managed well in hours issues arise out of hours particularly night shifts. The senior team are currently investigating ways on how to manage this effectively in the future and are about to trial a 2 week "on call roster" with the Thrombolysis trained nurses on the unit on a volunteer basis. This then would reduce the need for shifts to put to agency. The late and night shift feels challenging from NA perspective and feels ward would benefit from an NA on twilight shift.
1.7 Safe Care Data	SafeCare data tracks fairly consistently with required slightly higher than actual at times
1.8 Other supporting evidence to any proposed changes to skill mix	As described in 1.6

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
Pilot on-call system for thrombolysis - need to ensure engage with HR on the process - then present findings for review within DMT	Ward Sister	Nov-18
To review requirement for addition of 1 x B2 on twilight shift to support acuity and dependency of patients	Via skill mix review	Post Board approval
Review increasing number of band 4 roles on the ward	Ward Sister	Dec-18

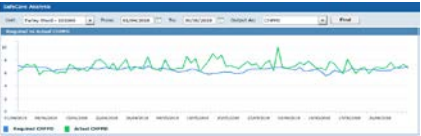
1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: Ward: Present:

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	All nurse sensitive indicators improved since last year pressure ulcers down from 11 to 7, falls down on last year from 86 to 59. Only 2 complaints with test one 4 months ago. Action plan in place to further improve pressure ulcer management. Involved in CLECC project and one of outcomes was to have lead NA for the day and to ensure ward huddle held every day. Ward would like to do more with dementia support tools such as RITA -but need additional volunteers to support. Hydration stations to be reintegrated and consider giving too lead NA for day to implement.
1.2 HR Indicators	Sickness average of 5%, which is higher than last year. Predominantly NA's and thought to be due to exhaustion - ward physically and emotionally challenging. Turnover high at 22% - insight would be again around patient workload, high numbers of highly dependent/challenging behaviour patients. Plus the additional 2 beds adds pressure to the workload.
1.3 Finance	Overspent - due to band 7 sickness, and block booking agency to cover vacancies, plus additional NA for extra beds.
1.4 Current establishment	Staffing numbers have not changed since last review. However the 2 additional beds consistently open and additional NA is booked to accommodate this with reliance on temporary staffing. At time of review vacancies have improved B6 0.6, B5 3.13, B2 4.06. Agreed needed to proactively recruit to band 6 as development opportunity and ensure recruitment to NA's maintained. Also opportunity to further increase B4 numbers
1.5 Supervisory	Achieving approximately 20% of the time - due to vacancies
1.6 Professional judgement of staffing ratios	The change of focus to RACE/AFU has seen increase in workload plus the additional beds. Ward has been through period of high vacancies, and need to ensure NA's recruited to and retained - less reliance on agency would help ward manage more effectively.
1.7 Safe Care Data	SafeCare data reviewed - the period of April - June 2018 shows actual as significantly higher than required and is at odds with previous year. To run the data from July - September to see if trend continues or has reversed back to normal pattern which sees actual and required more in line.
1.8 Other supporting evidence to any proposed changes to skill mix	

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Revisit implementation of hydration stations, new NA's starting and to give to NA lead of the day to implement	Ward Sister	Dec-18
2.2 Consider increasing band 4 numbers	Ward Sister	Complete
2.3 Meet with Voluntary Services and seek additional Stay with Me Volunteers to increase use of initiatives such as RITA to support the management of dementia patients and support ward staff	Ward Sister	Dec-18
2.4 Introduce discharge co-ordinator type role -consider doing from vacancies and pilot for 6months to review impact - initiative is to support ensuring timely processes to manage patient flow supporting AFU concept	Ward Sister/DSN	Feb-19

Actions reviewed from 2017 SKM Mx Review:

Band 4 role reviewed and 1 due to commence training in new year

Additional NA not approved as part of last years skill mix review

Hydration stations - concept discontinued as could not get team buy in - agreed concept good and to be reintegrated this year

Date: 02/08/2018 Ward: Spire

Present: Louise Henderson, Ward Sister
Fiona Hyett, Deputy Director of Nursing

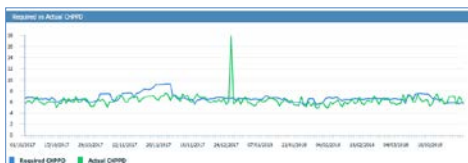
Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	1 c-diff over this time period, no MRSA/MSSA bacteremias for the year (same as last year). 4 pressure sores grade 2 or above reduction on last year and still remains low particularly in when seen in context of frail elderly patient group. Ward has now moved back down to the Winterslow template and renamed Spire ward following our temporary move to Laverstock ward and with reduction of beds to 30 beds from 40. Overall falls have also reduced since last year, and reduction of 9 high harm to 1 this year. Been improvement in intentional rounding, falls assessments but also time on Laverstock template had significant impact - will need to be reviewed over coming year as PFI template not conducive to being able to see all patients.
1.2 HR Indicators	MLE - now doing a subject a month to ensure all staff are up to date with mandatory training as last months compliance only 77%. SPIDA - 2 new band 6's in post are currently doing their training and then will share the workload out between the 3 of us to ensure improvement in completion of appraisals. Sickness continues to be monitored through the management of attendance policy. Turnover relatively low - does not appear to have any patterns however no exit data collected.
1.3 Finance	Overpend mainly due to large vacancies with band 5's and number of patients requiring enhanced care. The ward also used to manage all Trust bariatric patients who require additional staff on duty as usually 6 man turn. Total expenditure on one to one care (including bariatric patient care) last year was £66,504 (both bank and agency) . Additional non-staff costs due to ward having to hire bariatric equipment as the Trust unable to supply. Ward team has been involved in enhanced care collaborative.
1.4 Current establishment	At time of review approx 6 RN vacancies(1 new starter in Sept) and 3NA vacancies (ward was over-recruited earlier in year, and has interviews planned at time of review). On-going recruitment drive. 1 x band 6 on maternity leave but currently 2 x B6 on a 10 month secondment.
1.5 Supervisory	Seen an improvement over last month however still averages 2 shifts per week, mainly due to vacancies and shifts being unfilled either on our ward or other wards as well so sending staff to backfill. Main impact is on ensuring staffs MLE and appraisals are up to date, and being able to work alongside new starters.
1.6 Professional judgement of staffing ratios	Generally the ratios would be appropriate to ward, however challenges due to vacancies on own ward and the need to help other areas with staffing gaps. Staff have recently had further training with the iPad regarding adding in professional judgement as we manage complex patients, dementia care and bariatric patients and feel that this is is not always reflected with our staffing levels so professional judgement is important.
1.7 Safe Care Data	SafeCare data reviewed - the picture reflects the move from 40beds when required was higher than actual, to 26 on Laverstock and 30 on return where required and actual are more in line. Bariatric patients skew some of the data as ward needs higher staffing level to support 6-man turns but not necessarily reflected in acuity/dependency of patients. Additional training given to RNs regarding ensuring accurate safe care data entry as recent Insights reports shows some gaps in data, need to ensure completed on time, adding in professional judgement and red flag shifts needs to improve as does not feel we are capturing all issues.
1.8 Other supporting evidence to any proposed changes to skill mix	Would want to consider adding in additional LD and Night nursing assistant as throughout last year have had a one to one care majority of time and cost implications are high if reliant on temporary staffing. Additional cost for NA would be £120k.

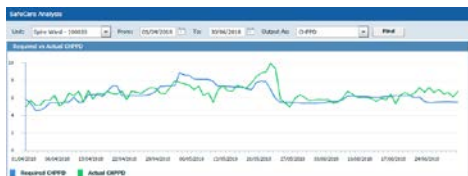
1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
Implement CLIP model to enhance experience for students and to enable ward to take on additional students	Ward Sister. Practice Educators	Mar-19
21		
Improve compliance with appraisals and MLE to ensure consistently remain above required target of 85%. Band 6's to complete SPIDA training and each 6/7 to have specific group of staff. To implement topic of the month for MLE to ensure better compliance.	Ward Sisters	Jan-19
22		
B4 Assistant Practitioners to complete medicines management taining but course not available until November 2018.	Ward Sisters and Band 4's	Jan-19
23		
To work with HR on continued recruitment of band 5 (eg currently my new band 6's are developing a new job advert)	Ward Sister and HR	On-going
24		

All actions reviewed from 2017 Skill Mix review:
Utilising band 4 medicines administration policy and new APS looked to do training
Intensive support completed - found very beneficial, great engagement from ward team and good listening exercise
Stat and mand training improved, lapsed and is on improvement trajectory and appraisals should improve with increase in band 6's
Trained 10-6 shift but was not popular with staff, need reduced with return to 30-bedded ward
CLIP model - requires further work, ward started taking students from July 2018 so remains an action for the coming year

Date: 20/09/2018 Ward: Pembroke

Present: Clare Smith and Tara Rainaldie, Lead Nurse and Ward Sister
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Since last review ward has moved to new template on level 3. Falls have reduced since the move - use of non-slip slippers has increased and falls assessments have improved following learning from SIFs. Since the ward move complaints about noise have increased - this is due to external noise from tugs on one side of the ward and air conditioning on the other - on-going action with estates but not being resolved. 3 complaints - communication affects quality of care at times and working with medical colleagues to improve the communication pathways, ward rounds etc. Improvement in metrics since moved and escalation no longer opened.
1.2 HR Indicators	Sickness 7.4% - 4 x NA's on long-term sickness, one now resigned. Also RN long-term sickness. In small team absence has a big impact. Appraisals 77% and Stat and Mend 80%, appraisals is completion of the documentation rather than them not being done. Both will be given attention as now have band 7 in place.
1.3 Finance	No overall concerns, budget covers both ward and suite
1.4 Current establishment	2 RN vacancies and TNA vacancy with plans in place to recruit.
1.5 Supervisory	Cancer has lead nurse role, and now band 7 also in place
1.6 Professional judgement of staffing ratios	Since the ward move in May which has resulted in the bed capacity being protected at 10beds, the quality of care has further improved. A junior skill mix however there are CNS's who can support when there is a weaker ratio of experienced staff. Overall staffing feels right for the ward.
1.7 Safe Care Data	Can see through SafeCare data impact of the ward moving, and the return to 10beds - actual and required tracking closely together
1.8 Other supporting evidence to any proposed changes to skill mix	Nil required

Section 2: Recommendations/Considerations

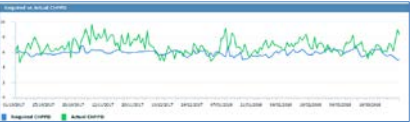
Recommendations/Actions from Review	By Who	By When
2.1 Ensure compliance with statutory and mandatory training at Trust target of 85%	Ward Lead	Dec-18
2.2		
2.3		
2.4		

All actions reviewed from 2017 Skill Mix review:
Additional NA at night due to ward move to isolated occasion and ensuring patient safety at break times in place

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: 21/09/2018 Ward: Hospice

Present: Mandy Combes and Helen Savage, Ward Sister
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Nurse sensitive indicator data excellent, pressure ulcers x1 grade 2, falls about same as last year and no serious harm. 2 x complaints and no themes. Few nursing red flags but were about period of time when some daily staffing challenges.
1.2 HR Indicators	Sickness 6.5% - 1xNA now retired, plans in place re RN long-term and short term sickness
1.3 Finance	
1.4 Current establishment	0.4 vacancy at time of review, another leaver expected. Advert out with x3 shortlisted and going to appoint all if meet standard as 1 due to go on maternity leave.
1.5 Supervisory	Have lead nurse
1.6 Professional judgement of staffing ratios	Feels right for the patient volume and type
1.7 Safe Care Data	Data reviewed and shows actual consistently above required. Tool does not fit patient group well and challenges with needing minimum of 2RN's for overall safety.
1.8 Other supporting evidence to any proposed changes to skill mix	Nil required

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1		
2.2		
2.3		
2.4		

All actions reviewed from 2017 Skill Mix Review:
Work on-going with Allocate on Sheffield tool use in hospices to have more accurate reflection of data
Band 4 role still under review, high use of CDs and current policy does not allow band 4's to give, ward only has 2 RNs
Shift patterns reviewed and ward now undertakes 12-14 long days

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: August 2018 Ward: ED

Present: Nicola Heydon, ED Senior Nurse
Helen Benfield, Associate DSN
Fiona Hyett, Deputy DoN

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Quality measures reviewed, including ED specifics such as 4-hr breaches, time to treat etc. ED attendances increasing, particularly 70-89yr age group - increased co-morbidities and levels of dependency. Overall acuity levels increasing. SHINE checklist being introduced.
1.2 HR Indicators	Sickness 5.1% for last year, higher amongst RNs, also noted to have increased to 6.1% in the Q1 of this year. Appraisal and MLE compliance just under Trust target at 83%. Higher number of vacancies this year with more junior skill mix and 3 due to go on maternity leave in October/November.
1.3 Finance	
1.4 Current establishment	61.41wte which is an increase from 47.8 last year - with increases across all staff groups
1.5 Supervisory	N/A as lead nurse role for dept
1.6 Professional judgement of staffing ratios	Identified following areas: Need for RN twilight shift due to rising evening attendances with higher acuity Uplift x3 B6 to B7 and include a Practice Educator role Admin facilitator Development of advanced practitioner role - 2yr programme, some staff who are willing to self-fund and 2 ENP'S undertaking non-medical prescribing Navigator role introduced last year with SWAST, service withdrawn and ED working up plan to reintroduce
1.7 Safe Care Data	N/A
1.8 Other supporting evidence to any proposed changes to skill mix	NJS Guidance "An improvement resource for urgent and emergency care" reviewed. Predominantly compliant - staffing gaps above identified would work towards compliance on flexing to meet fluctuating demands. SOP required to have escalation process in place for capacity and staffing which is being developed within DMT and needs to reflect AMU, ED team to work with HR on robust recruitment plan and to widen opportunities eg take newly-qualified and overseas nurses. Dashboard also required.

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Subsequent to review ED placed on intensive support, as part of this programme been agreed that staffing gaps identified have been approved until the end of year and to be reviewed as part of the full skill mix review for on-going funding	Approved at TMC Oct 2018	Complete
2.2 To review how newly qualified and overseas nurses can be introduced as market for experienced nurses is limited	Lead Nurse/DSN	Dec-18
2.3 Work with HR to ensure on-going recruitment action plan, review exit data	Lead Nurse/DSN/HR	On-going
2.4		

Actions reviewed from 2017 Skill Mix Review:
Band 4 role introduced into the skill mix - initially as Band 3 as trainee Assistant Practitioner post, however only 2 commenced training concerns will take 6yrs to achieve
Since last review been uplift across the bands reflecting the navigator role, safety in the waiting room - see table below

Budget	Split	Actual
WTE	100%	10% WTE

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

WARD STAFFING REVIEW
Aug-18

Wards/Subsegment	Beds	Total Funded Establishment WTE	Funded Establishment Band 6 and 7	Funded Establishment Band 5 WTE	Funded Establishment Band 4 WTE	Funded Establishment Band 3 WTE	Funded Establishment Band 2 WTE		Current maternity leave WTE	Average % split during March 16 - August 16	Current Position																				Admin support (WTE)				Sisters/Charge Nurses	Skill mix as a proportion of total staff mix (not national benchmark of 70% RN 50%)		
											Sisters/Charge Nurses		Vacancies (as at time of skill mix reviews)								Total Number of staff per shift																	
											No Band 7	No Band 6	Band 6 Vacancy WTE	Band 5 Vacancy WTE	Band 4 vacancy WTE	Band 3 vacancy WTE	Band 2 vacancy WTE	Early RN	Early Band 4	Early Band 3	Early Band 2	Law RN	Law Band 4	Law Band 3	Law Band 2	Night Registered	Night Band 4	Night Band 3	Night Band 2	Shift patterns (ie 2 or 3 shift pattern)								
Amesbury	32	43.41 (J)	3.5	27.76	3.56	1	25.3		1	25.9%	0.5	3	0	13.6 (J)	-1.25	7.42 (J)	4	1	0	4	3	1	0	4	3	0	0	2	2	1	0	0.8	30%	45%	9%	45%		
Chilmark	24	43.41 (J)	3.5	27.76	3.56	1	25.3		0	26.0%	0.5	2.75	0.25	13.6 (J)	0	7.42 (J)	4	0	0	3	3	0	0	2	2	0	0	2	3	1	0	0.8	30%	56%	9%	44%		
Plastic and Burns	17	32	3.8	15.79	0.67	1.61	7.46		1	33.0%	1.6	2.8	1.07	7.47	0	over 1.66	4	1 in B5	2 or 3	3	1 in B5			2	2 or 3	0	0	2	3	2.67	0	0	20%	72%		38%		
Avon	21	41.81	4	17.62	0	18.33	3.66		2	29.4%	1	3	0	10.42	0	4.87	-0.37	4	0	3	2	3	0	2	2	3	0	5	1	2	3	0.27	0.48	0	20%			
Tamar	21	33.19	4	12.57	0	7.47	9.95		1	30.2%	1	2.8	0	7.94	0	-0.79	1.55	3	0	0	5	3	0	0	2	2	0	0	2	3	0.8	0.42	0	2%				

NB All these indicators are for period of September 2017 - June 2018																							
Trained nurse staffing relative to patients (early / day shift)		Trained nurse staffing relative to patients (late shift)		Trained nurse staffing relative to patients (night shift)		Staffing relative to population served ie nurses per occupied bed (NPOB) on a early/day shift		Staffing relative to population served ie nurses per occupied bed (NPOB) on a late shift		Staff Turnover		Nurse absence (average)		Nursing Sensitive Indicators September 2017 - June 2018									
RN	No Patients	RN	No Patients	RN	No Patients	Nurses	No beds	Nurses	No beds	%	%	%	%	No of PU Grade 2 or above	Complaints	No of Falls	No of MRSA Bacteraemia	No of MRSA Sepsis/septicaemia	No of Cuff (reportable and non-reportable)	Compliance Appraisal	Compliance Bar and Band training	No of Red Flag Incidents	Resilford Tool Used
1	6	1	10.6	1	10.6	1	3.5	1	4	9.6%	4.3%	3	5	130	0	2	0	2	94%	93%	15	yes	
1	6	1	8	1	12	1	3.85	1	4.8	9.6%	5.0%	6	2	103	0	4	0	4	94%	97%	3	yes	
1	4.3	1	5.6	1	8.5(6.6)	1	2.6	1	4.25		10.3%	2	2	8	0	0	0	85%	85%	5	Y		
1	5.25	1	7	1	7	1	2.33	1	3		3.9%	2	0	10	0	0	0	89%	86%	5	Y		
1	7	1	7	1	10.5	1	2.62	1	4.2		3.8%	5	0	17	0	0	0	0	58%	89%	2	Y	

NB budget, establishment, vacancies amalgamate in one budget

-3 on nights if flap

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

Q

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Date: 21/8/2018 Ward: Amesbury

Present: Katie Ransby, Ward Leader
Henry Wilding, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Nurse sensitive indicator data reviewed - pressure ulcers and complaints down from last year, but fall up - thought to be related to types of patients, changes to ward with GIRFT review may impact, actions in place such as falls alarms. Red flag incidents up on previous year - predominantly around late and night shift.
1.2 HR Indicators	Excellent compliance with appraisals (94%) and stat and mand training (93%). Unavailability 25% - driven by sickness 4.3%, study days 6% (overseas nurses) and maternity leave at 2.3%. Turnover across both wards higher and at 9.6% for both.
1.3 Finance	
1.4 Current establishment / Vacancies	Over on 84's but this includes 2 x EU nurses awaiting IELTS and Pin. Good progress with other Band 4's 1 completing medicines module, 2 due to finish Sept and 1 March. Vacancies at 13.6wte RNs and 7.42wte for NAs across both wards - needs to be focus on ensuring stay at establishment for NAs. Anticipated high number of overseas arrivals for orthopaedics between now and April 2019
1.5 Supervisory	Covers both wards, gets approximately 30% of time due to high number of vacancies.
1.6 Professional judgement of staffing ratios	Difficult to assess due to high number of vacancies, and high use of temporary workforce. Interim skill mix paper presented to TMC increased RNs by 1 on late shift, additional NA on night duty - until end of March 2019
1.7 Safe Care Data	SafeCare data reviewed - ward often running with unfilled shifts due to vacancies
1.8 Other supporting evidence to any proposed changes to skill mix	Feedback from agencies that some nurses reluctant to work on the ward due to size and acuity

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Interim Staffing paper recommended additional RN for late shift and NA for night duty, and to ensure 3rd RN on night shift is filled - approved until end of March 2019	Approved by TMC - for inclusion in full skill mix review	Post Board approval
2.2 Review impact of change of use of ward from GIRFT recommendations	Ward lead/DMT	Jan-19
2.3		
2.4		

All actions reviewed from Skill Mix Review 2017:
Used band 4 on nights as 3rd nurse - but for on-going review
Recruitment continued but vacancies remain high
Establishment reviewed in October paper to TMC - additional RN on late and additional NA on night duties

April 2017 - Sept 2017



October 2017 - March 2018



1st April - 30th June 2018



Date: 21/8/2018 Ward: Chilmark

Present: Katie Ransby, Ward Leader
Henry Wilding, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	
1.1 Quality/Outcome Data	Nurse sensitive indicators reviewed - broadly similar to last year. No overall concerns with metrics for Chilmark
1.2 HR Indicators	Overall unavailability 26% - driven by sickness 4% (higher in NAs than RNs), study 3% (overseas nurses and Band 4) and maternity 3%. High vacancy and challenges with recruitment across ortho footprint. Excellent compliance with stat and mand training (97%) and appraisals (94%).
1.3 Finance	High agency spend due to vacancy level. Good cross ward working to reduce unnecessary spend. Increase use of alternative grades to compensate for recruitment issues with RN.
1.4 Current establishment	Adequate establishment for patient case load when no gaps in roster.
1.5 Supervisory	on going challenge to support and supervise both clinical areas. Strong level of band 6 cover from clinical perspective need for supervision to aid in the development of management and leadership component of role.
1.6 Professional judgement of staffing ratios	Adequate when fully rostered
1.7 Safe Care Data	SafeCare data reviewed - ward often running with unfilled shifts due to vacancies, thus required higher than actuals. Need to review impact of GIRFT review on patient load and acuity/dependency
1.8 Other supporting evidence to any proposed changes to skill mix	

Section 2: Recommendations/Considerations

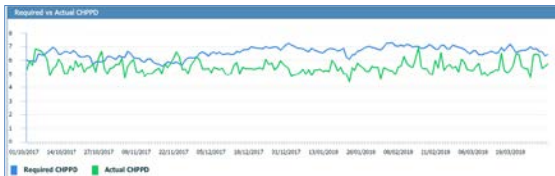
Recommendations/Actions from Review	By Who	By When
Review impact of change of use of ward from GIRFT recommendations	Ward lead/DMT	Jan-19
On-going recruitment of both RNs, and NAs	Ward Lead / DSN / HR	on-going

All actions reviewed from Skill mix 2017:
Acuity and dependency reviewed - see notes
On-going recruitment with NAs - need to sustain focus

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: Ward: Odstock

Present: Amy Johnson, Ward Sister
Henry Wilding, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Low incidence of PUs and falls, less outliers on ward since merge of Burns and Plastics. 2 complaints but none since November 21/07. Note high number of medication incidents since April 18 in line with increase in nursing vacancy. Theme noted of CD incidents involving bank and agency staff. Added to risk register.
1.2 HR Indicators	Sickness high at 10.3% (RN 7.6% and NA 15.1%) thought to be related to merger of wards, change in leadership etc started to improve in Q1 of this year. Good compliance with appraisals and stat and mand training.
1.3 Finance	
1.4 Current establishment	High number of RN vacancies (& 47) - again related to merger of wards and loss of staff, slowly starting to improve and been supported through block booking of agency. Over established on NAs
1.5 Supervisory	Approx 20% of time due to high vacancies. New Band 7 been appointed and new CNS role since merger so this should start to improve.
1.6 Professional judgement of staffing ratios	Establishment feels right for ward if were not running with high vacancies. Increased band 6 establishment. Ward has some challenges with regard to layout and geography with being all single rooms.
1.7 Safe Care Data	Safecare data indicating that actual is higher than required demand - tool does not accurately account for patients requiring RMN specialists. However, in April - June 2018 has flipped to actual being higher than demand - could be as result of high vacancies and unfilled shifts - to be monitored
1.8 Other supporting evidence to any proposed changes to skill mix	Would like additional ward administration support - to be reviewed through directorate

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Increase number of Band 4 on ward - could be the 4th RN on days or 3rd RN on nights	Ward Leader/DSN/Trust lead B1-4	Jan-19
2.2		
2.3		
2.4		

All actions reviewed from 2017 Skill Mix Review:
Since last review ward has amalgamated with plastics, with some activity moving to Breanmore Short Stay
Sheffield tool reviewed again at skill mix - does not capture mental health activity
Over established on Band 2's
Work still required on Band 4 roles

Amalgamated Laverstock Plastics and Burns Units in July/August 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: Ward: Spinal Unit - Avon

Present: CN Dominic Holborne
Henry Wilding, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Overall quality indicator data good. 1 x G3 Pressure ulcer subject to SI review.
1.2 HR Indicators	Vacancies remain significant challenge at 10wte plus vacancies at Band 3. Sickness 3.5%. Appraisal compliance at 89% and MLE at 92%. Maternity leave is NA.
1.3 Finance	
1.4 Current establishment/ Vacancies	As above 10wte RN vacancies - on risk register
1.5 Supervisory	Low level of supervisory team as often in numbers due to vacancies
1.6 Professional judgement of staffing ratios	Difficult to fully assess due to vacancies. Good historic use of Band 3 role to support long-term respiratory spinal patients. Across unit embraced Band 4 role - to review band 3 and band 4 roles.
1.7 Safe Care Data	SafeCare data broadly in line between actual and planned. Planned slightly higher which is reflective of vacancies
1.8 Other supporting evidence to any proposed changes to skill mix	

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Review administrative support to ward to free Charge nurse to maintain clinical input	Charge Nurse / DSN	Mar-19
2.2 Implement CLIP model to support students and alleviate mentor burnout - also supports new NMC standards	Charge Nurse / DSN/ Education Team	Apr-19
2.3		
2.4		
2.4		

April - Sept 2017



October 2017 - March 2018



1st April - 30th June 2018



Date: Ward: Tamar

Present: Sr Dawn Edge
Henry Wilding, DSN
Fiona Hyett, Deputy Director of Nursing

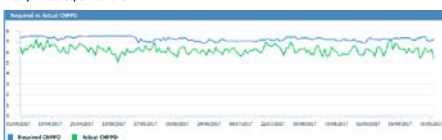
Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Overall good quality indicator data. 5 Pressure ulcers - 1 x G3 non-compliant patient, 17 falls (1 patient serial faller - non compliant).
1.2 HR Indicators	Appraisals 56% but has date in place for all staff to have completed. Vacancies remain challenge with 7.5wte Band 5. Sickness good at 3.9%. Over recruitment of NAs has helped alleviate pressure of RN vacancies as interim measure.
1.3 Finance	
1.4 Current establishment / Vacancies	As above 7.5wte RN vacancies - on risk register
1.5 Supervisory	Low level of supervisory team as often in numbers due to vacancies
1.6 Professional judgement of staffing ratios	Difficult to fully assess due to vacancies. Across unit embraced Band 4 role - to review band 3 and band 4 roles.
1.7 Safe Care Data	SafeCare data broadly in line between actual and planned. Planned slightly higher which is reflective of vacancies
1.8 Other supporting evidence to any proposed changes to skill mix	

Section 2: Recommendations/Considerations

	Recommendations/Actions from Review	By Who	By When
2.1	Review administrative support to ward to free Charge nurse to maintain clinical input	Ward Sister / DSN	Mar-19
2.2	Implement CLIP model to support students and alleviate mentor burnout - also supports new NMC standards	Ward Sister / DSN/ Education Team	Apr-19
2.3	Review use of therapists	Ward Sister	Apr-19
2.4			
2.4			

1st April - 30th September 2018



1st October 2017 - March 31st 2018



1st April - 30th June 2018



WARD STAFFING REVIEW
Aug-18

Wards/department	Beds	Total Funded Establishment WTE	Funded Establishment Band 6 + 7	Funded Establishment Band 5 WTE	Funded Establishment Band 4 WTE	Funded Establishment Band 3 WTE	Funded Establishment Band 2 WTE	Budget (financial)	Current maternity leave WTE	Average % split during April 17 - June 18	Current Position																				Shift patterns (e 2 or 3 shift pattern)	Admin support (WTE)			Sister/Charge Nurses	Skill mix as a % of total staff RCH		
											Sisters/Charge Nurses		Vacancies (at time of skill mix review)						Total Number of staff per shift																			
											No Band 7	No Band 6	Band 5 vacancy WTE	Band 5 vacancy WTE	Band 4 vacancy WTE	Band 4 vacancy WTE	Band 3 vacancy WTE	Band 2 vacancy WTE	E-Registered	E- Band 4	E- Band 3	E- Band 2	L- Registered	L- Band 4	L- Band 3	L- B2	N- Registered	N- Band 4	N- Band 3	N- Band 2								
											Ward Clerk	Nurse/stepping Asst	Ward manager's Assistant	Average % supervisory	Registered %	SB / BA %	BS %																					
Briford	20	39.57	3	21.37	0	5.32	8.31		0.7		1	4	0	6.71	0.00	0.00	0.00	5	0	1	1	4	0	2	3	0	0	2	3	0.5	0	0.27	80%	60%		40%		
(SAL)	6																	1	0	1	0	1	0	1	0	0	0	0										
Downton	24	25.38	3	11.83	0	0	10.55	816,938	0.8	25%	1	3	0	2.00	0.00	0.00	0.00	4	0	0	3	3	0	0	2	2	0	0	2	2	0.5	0	0.26	80%	58%		42%	
Breamore	20 + 4	22.99	2	10.77	0	0	10.22		2.0	35%	0	0	0	2.15	0.00	0.00	-0.22	3	0	0	2	3	0	0	2	2	0	0	2	0	1	0	0	N/A	86%	0%	14%	
Radnor	10	57.55	14.25	34.89	0	0	5.61		0.0	30%	5	9	0.21	9.19	0.00	0.00	0.77	9	0	0	1	9	0	0	1	9	0	0	1	2	1.72	0						
DSU	32 brolies	58.13	1+5.31	32.78	3.28	1	10.57	1,795,891	3.7	Not known	1	2.5		9.03	0.00	0.00	0.00	4			2	4			2					3		100%						
																		4																				
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																				1	1					1												

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

[illegible]

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

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Date: Ward: Bristol

Present: Clare Holbrook-Jones, Ward Sister
Bernie Dunn, Directorate Senior Nurse
Fiona Hyatt, Deputy Director of Nursing

Section 1: Review of Current Position

Theme/Concern/Good Practice Item Date	Comments
1.1 Quality/Outcome Data	Nurse sensitive indicators reviewed, pressure ulcers down to 2 from 5 last year, falls down from 26 to 13 and complaints at 4 same as last year.
1.2 HR Indicators	Good compliance with acceptable (95%) and star and mand (85%). Sickness excellent at 1.5% - well below Trust average and Trust target - good processes in place. Turnover - 4 recent RNs have left for promotion or to work in community
1.3 Finance	SAU additional staffing currently funded by escalation. VRAM flap specifies not funded and causes an overspend as sometimes 3 per month. Budget managed very well in regards to nursing and procurement and minimal overspend in both.
1.4 Current establishment	Vascularist 6.75, but 2 MGN (from outside Trust) due to commence in Feb, and 2 OSCE nurses due to undertake exams at time of review. 3.3 RNs on ward who need to obtain IELTS to be progressed - could be included within Trust programme to run OET. Good pool of regular bank trained nurses who fill shifts. Impact of VRAM flaps and SAU escalation requires additional staffing and reliant on agency as short notice requests.
1.5 Supervisory	Achieving majority of the time as benefit of ward managers PA shared jointly with Downton. Good process in place to support and monitor ward team with meetings on ward and using afternoon for administrative etc.
1.6 Professional judgement of staffing ratios	Cotnamet flap 2.3 per month - reliant on temporary staffing. SAU opening hours are different to the ward and often has escalation patients in so gap of time until next shift and other patients waiting for staff to come in at Barn when sent up from ED. Total of admin role in SAU and tonight NA has helped dramatically with patient flow and efficiency however need to review service to improve department more additional staffing/SAU based decision maker to improve flow/change of hours/TW RN to ensure patient flow continues after navigator has left
1.7 Safe Care Data	SafeCare data reviewed, actual higher than required as SAU is excluded from SafeCare but staffing numbers are included. Allocate recommend that SAU is measured in same way as AMU.
1.8 Other supporting evidence in and proposed changes to add mix	Patient flow hindered through lack of appropriate medical cover in SAU - Trust doctor could be solution. 2 NAs have applied for Patient nursing associates ? Barn in Feb 2018 if successful. Would replace RN.

April - Oct 2017



October 2017 - March 2018



Jul April - 30th June 2018



Allocate and monitor status that SAU now undertakes SafeCare (as per AMU) to accurately reflect status

Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Make admin support in SAU permanent within budget (last 6 months trial has improved Leneads admission accuracy/ data collection on SAU dashboard and meet and greet welcome). To take to DMT for approval.	Via S&B Mx review	Post Board approval
2.2 SAU TW to switch to RN and within budget - This would allow SAU to function within ward shift times and allow patient flow to continue until 23.00 to ensure reduction in complaints and efficiency. Also allow navigator to be here for when first patients arrive at Barn and have handover from night team regarding any patients in SAU.	Ward leader / DSN via DMT	Mar-19
2.3 NC on late shift to be cascaded free to support SAU and ward equity (off set by 2 S&Bs replacing BB)	Ward leader / DSN via DMT	Mar-19
2.4 SAU based decision maker - medical staffing eg Trust grade doctor. Would support patient flow and be more effective than additional band 5.	Ward leader / DSN via DMT	Mar-19

All actions reviewed from Skill Mix Review 2017.
Admin for SAU been included and funded from escalation B-5 - seek task in Leneads, dashboard, meet and greet
Twilight till 6.00pm
24/6/18 applied to commence Nursing Associates next year

Date: 10/8/2018 Ward: Downton

Present: Paula Dawson, Ward Sister
Bernie Dunn, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Pressure ulcers at 13 are up from 4 last year, falls at 23 are down on last year, complaints up at 8. PU's - undertaken work with theatres as some are related to care in theatres, falls due to outliers - higher dependency, work on lights at night as seen to be disorientating, C-diffs were Dec/Jan - none since, 1 x red flag reported - reporting issue. High numbers of outliers with MCA/DOLS/enhanced care needs. MRSA - lessons learnt re screening, delays in starting topicals and VIP scores.
1.2 HR Indicators	3 newly qualified nurses starting in September. OSCE nurses x 2 plus awaiting 1 more. Sickiness to NA's more long term due to surgery/procedures. Minimal short term sickness. Excellent compliance with appraisals (94%) and mandatory training (96%). Sickiness for non-registered come down from 14.2% to 6.1%. Turnover - 2 NA's left long-term sick, 1 x EU nurse left due to IELTS and 1 left issues with hours
1.3 Finance	Over budget for the last 3 months, on discussion with Jeremy - additional duties and vacancies
1.4 Current establishment	1 vacancy for RN's, 1 x over recruited for NA's.
1.5 Supervisory	Good, able to support staff and work out on the shop floor when short. Ward managers assistance makes this possible - role supports audits being prepped, roster management, mandatory training - "takes admin pressure off"
1.6 Professional judgement of staffing ratios	Due to medical outliers, high acuity/dependency of pts even when staffing to full capacity on a shift can at times feel challenging. Staffing on night at 2+2 generally okay, but need additional RN when have trache patient
1.8 Safe Care Data	SafeCare data reviewed, ward leader felt not picking up outliers but reminded tool does cover this and consider use of 1b scores. When SafeCare data reviewed, for last year actual and required very much in line, slight widening of gap in last 3 months with actual being marginally higher.
1.9 Other supporting evidence to any proposed changes to skill mix	Ward requesting to increase to 4 RNs on late shift to enable 1 RN to be co-ordinator. Discussed potential around use of Band 4s instead

Section 2: Recommendations/Considerations

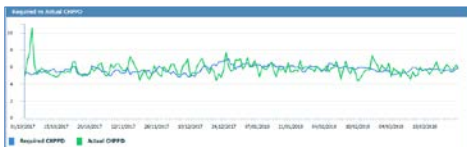
Recommendations/Actions from Review	By Who	By When
2.1 Consider additional RN on late shift to enable having a NIC	Via Skill Mix review	Post Board approval
2.2 Introduce band 4's to Downton - looking to take on x3	Ward Sister/ Band 1-4 Lead	Mar-19
2.3 When we have trachy pts to have a 3rd trained on nights - initially to use additional duties and to start to map how often this is requirement	Ward Sister	Review at next years skill mix review based on data
2.4		

All actions reviewed from 2017 Skill Mix Review:
Excellent progress with RN recruitment - ward only has 2wte vacancies
Paula Dawson in place as interim ward leader covering for maternity leave
Achieved trache competencies with staff

1st April - 30th September 2017



1st October 2017 - 31st March 2018



1st April - 30th June 2018



Date: Ward: Radnor

Present: Nicholas Hayter, Lead Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Nurse sensitive indicator data reviewed - PU's x 14 up on last year from 8 - relate to trachea's, ET tubes ties and some arrived from ward). Complaints x 3. Overall no significant concerns. Challenging year with major incident - but team highly commended on management of situation and with no detrimental impact on other patients.
1.2	HR Indicators	Overall unavailability 29.6% for the year. Sickness at 4.1% slightly higher than Trust target of 3%. Turnover peaked at beginning of year but not significantly high at 6.4%.
1.3	Finance	
1.4	Current establishment	Vacancies - Lead nurse role currently vacant. 9.73 Band 5 vacancies - 1 due to commence Nov and 1 Jan 2019. Critical care recruitment day being planned. Discussion on newly-qualified nurses and agreed to look to take 1 next year - using hub and spoke approach with wards.
1.5	Supervisory	N/A as Lead Nurse role
1.6	Professional judgement of staffing ratios	Ratios set by ICU standards and fully met
1.7	Safe Care Data	N/A
1.8	Other supporting evidence to any proposed changes to skill mix	None

Section 2: Recommendations/Considerations

	Recommendations/Actions from Review	By Who	By When
2.1	Review approach so can appoint 1 x newly qualified nurse next September using hub and spoke approach with wards	Lead Nurse	Sep-19
2.2	Review of CCOT/HANT		
2.3	Prompts for Staff		
2.4			

Date: 21/09/2018

Ward: DSU

Present: Sam Breach, Ward Sister
Bernie Dunn, Directorate Senior Nurse
Fiona Hyett, Deputy Director of Nursing

Section 1: Review of Current Position

	Themes/Concerns/Good Practice from Data	Comments
1.1	Quality/Outcome Data	Challenges across the year from additional capacity being opened, but team manage and Trust provides focus when this occurs. Zero pressure ulcers (4 last year), falls low and generally occur when escalation open. 1x c-diff related to escalation. Complaints - 1 cancellation due to power cut, few around escalation and 1 gynae procedure follow up.
1.2	HR Indicators	Good compliance with appraisals and statutory and mandatory training. Sickness - being managed, few retirements and staff dropping hours. Roster check and challenge meeting completed and identified some roster housekeeping tasks to be tidied up.
1.3	Finance	
1.4	Current establishment	
1.5	Supervisory	
1.6	Professional judgement of staffing ratios	Generally satisfactory for ward environment, however reliant on temporary staffing when escalation opened. Vacancies impacting.
1.7	Safe Care Data	N/A
1.8	Other supporting evidence to any proposed changes to skill mix	Ward clerk to support ward

Section 2: Recommendations/Considerations

	Recommendations/Actions from Review	By Who	By When
2.1	Review potential to implement band 4 role within the DSU ward as felt there are opportunities	Ward Sister / DSN	Mar-19
2.2	Requirement for ward clerk support to manage ward environment, particularly when in escalation	Ward Sister / DSN	Mar-19
2.3			
2.4			

Date: 18/9/2018 Ward: Breamore

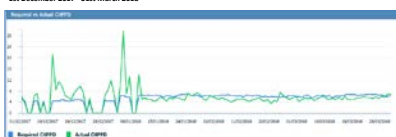
Present: Alessio Biagini, Charge Nurse
Bernie Dunn, Directorate Senior Nurse
Fiona Hyatt, Deputy Director of Nursing

Section 1: Review of Current Position

Themes/Concerns/Good Practice from Data	Comments
1.1 Quality/Outcome Data	Quality metrics only apply from January but very good with PU's zero, 7 falls, 3 complaints. In June/July of 2018 4 chairs put in place of corridor beds, this has improved the LOS for our short term patients and increased through put of patients within surgery, also had positive impact on full compliance with mixed sex accommodation. Complaints - post operative pain management and communication - actions in place such as discharge checklist, communication folder
1.2 HR Indicators	HR indicators only apply from January - excellent compliance with appraisals (100%) and stat and mand training (96%). Sickness low but overall unavailability high - driven by maternity leave which was running at 17%.
1.3 Finance	Ward has been overspent - deep dive conducted
1.4 Current establishment	22.59 wte. Only 1 x B6 = needs to increase as need some support at weekends to manage throughput of patients - could be conversion of B5 to B6
1.5 Supervisory	Generally managing to get
1.6 Professional judgement of staffing ratios	Generally okay. Nights are 1:12 if chairs are converted to beds.
1.7 Safe Care Data	Reviewed and broadly actual and required in line, slightly higher last few months actual vs required but not yet got full year of data. Staff still undergoing training.
1.8 Other supporting evidence to any proposed changes to skill mix	Junior skill mix therefore need to increase by 1 x B6. Noticeable change in discharges when chairs removed

****No SafeCare Data prior to December 2017****

1st December 2017 - 31st March 2018



1st April - 30th June 2018



Section 2: Recommendations/Considerations

Recommendations/Actions from Review	By Who	By When
2.1 Increase band 6 roles by 1 - by converting B5 to B6	Via Skill Mix review	Post Board approval
2.2		
2.3		
2.4		

All actions reviewed from 2017 Skill Mix Review:
Nil to review as ward was not open, of note staffing for the ward was agreed as part of Trust reconfiguration programme

1

Appendix 6

Midwife to Birth Ratio

Jan-18	76.21	194	2	196	1:31	30.86	30.2
Feb-18	76.21	179	2	181	1:29	28.50	30.5
Mar-18	76.21	177	3	180	1:28	28.34	30.1
Apr-18	76.21	180	1	181	1:29	28.50	30.0
May-18	76.21	219	2	221	1:35	34.80	30.4
Jun-18	76.21	187	4	191	1:30	30.07	30.3
Jul-18	76.21	176	2	178	1:28	28.03	30.1
Aug-18	76.21	198	0	198	1:31	31.18	30.3
Sep-18	76.21	180	2	182	1:29	28.66	29.9
Oct-18	76.56	194	2	196	1:31	30.72	30.1
Nov-18	76.56	166	3	169	1:26	26.49	29.5
Dec-18	78.56						
Jan-19	79.56						

Totals		11475	135	11610	
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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 (from Oct 2018 actual establishment has exceeded budget to manage Maternity lead cover)
Total Births sourced from E3 reports
Ratios are rounded to nearest integer

Appendix 7

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

Conducted by Alison Lambert

1.0 Introduction

This report is the result of an audit undertaken to demonstrate our 1:1 midwifery care in labour as a result of actions arisen from the CQC inspection.

2.0 Background

The RCOG Safer Births report (2007) recommends that women should not, in principle, be left alone during or just after labour. It is an expectation that women are offered 1:1 midwifery care in labour.

3.0 Aim

- To ascertain compliance with the standard that 1:1 midwifery care in labour is achieved.
- To ascertain compliance with the standard and ensure appropriate action is taken in the event that 1:1 midwifery care is not achieved consistently.

4.0 Audit standards

4.1. 1:1 midwifery care should be offered to all women during labour.

5.0 Methodology:

Prior to January 2016, data demonstrating our 1:1 care in labour figures were limited and somewhat unreliable. Work was undertaken to incorporate an additional field within the Maternity E3 database system. This field was entered within the delivery segment, which the delivering midwife completes to reflect whether she was able to provide 1:1 care. This data is pulled on a monthly basis. In the event that this field is left incomplete or in the cases where it was identified that 1:1 was not achieved, a manual retrospective review of the intrapartum records is undertaken to ensure accuracy of data.

Where it has been identified that 1:1 midwifery care was not achieved in active labour, these cases will be retained for reviewed.

Since the introduction of this method of data collection, compliance to the standards has been between 99=100%.

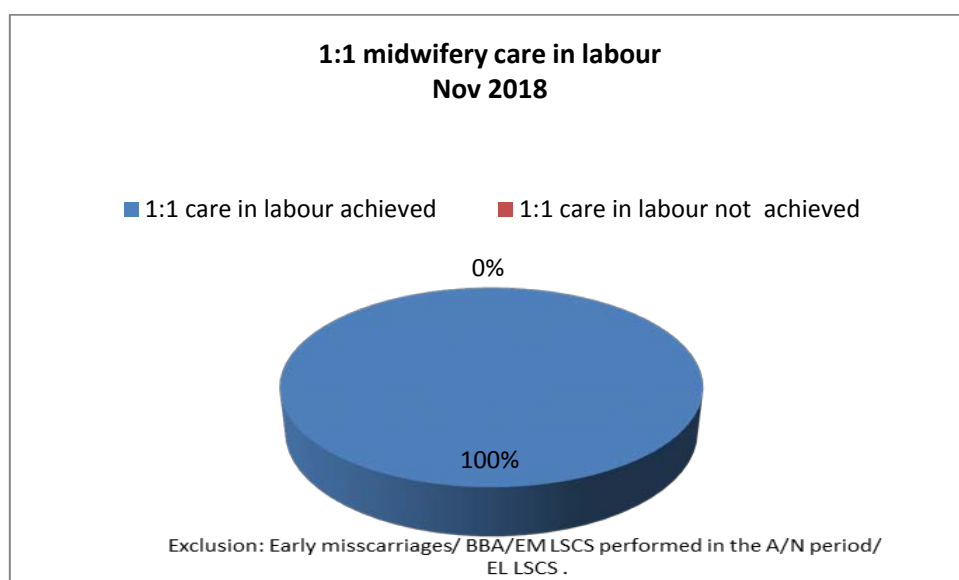
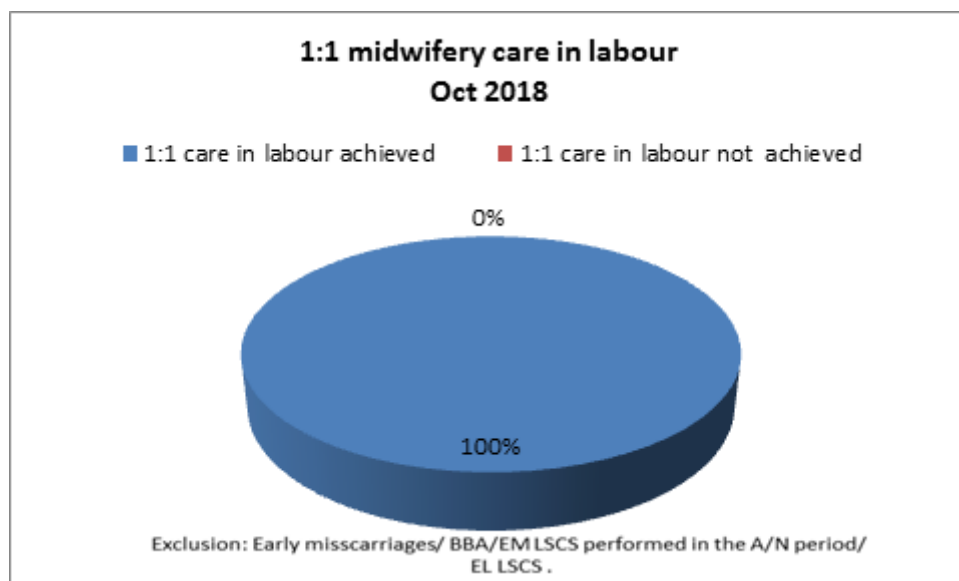
6.0 Exclusion:

Cases excluded from the audit:

- Early miscarriages
- Born before Arrival (BBA)
- EM LSCS performed in the A/N period
- All ELLSCS

7.0 Audit results:

October 2018	November 2018	December 2018	Q3
167/167=100%	139/139=100%		



8.0 Discussion:

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

9.0 Actions

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