Report to:	**Public Board of Directors**	**Agenda item:**	**8**
Date of Meeting:	**26 October 2016**		

Title of Report:	**Six Monthly Safer Staffing Report**
Status:	**To note**
Board Sponsor:	**Helen Blanchard, Director of Nursing and Midwifery**
Author:	**Jan Lynn, Lead Nurse, Workforce Development and Education.**
Appendices	**Appendix 1: General Adult Wards RN to Bed ratio** **Appendix 2: RN% to Non-Registered Nurse% ratio**

1. Executive Summary of the Report

There is a requirement post the publication of the Francis Report, 2013 and the new nursing vision 'Compassion in Practice' that all NHS organisations will take a 6 monthly report to their board on the nurse staffing levels and whether they are adequate to meet the acuity and dependency of their patient's population.

This report serves as the six monthly safer staffing review at the RUH.

The report provides summary details of the National Quality Board (NQB) expectations and more recent NQB guidance (April 2016) and actions taken by the Trust to date and compliance against current NICE guidance regarding safe staffing levels.

This report provides a more detailed review than previous reports with regard to midwifery and children's nurse staffing levels and informs the Board of relevant NICE and RCN guidance and relevant staffing benchmarks. The report notes the planned staffing reviews to be undertaken in Maternity.

The report updates the Board on the six monthly SNCT review of adult general wards nursing establishment's undertaken in August 2016.

The report informs the Board of the nursing and midwifery risks on the Trust's risk register and those that are the current top highest risks.

The report includes the nursing and midwifery pay costs for this year 2016/17 and informs the Board of the overspend position and what actions are being taken to manage the pay costs in line with the budgets.

2. Recommendations (Note, Approve, Discuss)

The Board are asked to note the contents of this report which outlines the progress to date and further actions planned to ensure staffing levels are safe, effectively managed and are being published in accordance with national and local guidelines.

3.	Legal / Regulatory Implications
National Quality Board Requirements (Nov 2013 and April 2016) NICE Guidelines (2014 and 2015) CQC Regulation 9: Person Centred Care CQC Regulation 12: Safe care and treatment CQC Regulation 18: Staffing CQC Regulation 19: Fit and proper persons employed	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
• Risk to CQC registration if standards are not met • Non-compliance with National Quality Board and NICE requirements on staffing • Registered Nurse vacancies on the Risk Register	

5.	Resources Implications (Financial / staffing)
Resources and financial implications to be addressed as part of Trust's yearly Trust's Business Planning cycle and Divisional planning priorities.	

6.	Equality and Diversity
Compliance with the Equality and Diversity Policy	

7.	References to previous reports
Monthly Nursing Quality Indicators and Exception Report Six monthly Safer Staffing Report April 2016. Public Trust Board	

8.	Freedom of Information
Public	

Royal United Hospitals Bath NHS
NHS Foundation Trust

Six Monthly Safer Nurse and Midwifery Staffing Report

October 2016

Author: Jan Lynn, Lead Nurse Workforce Development and Education

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Executive Summary

- The report has provided details of the NQB expectations in relation to provider organisations and updated the Board on progress made to date in response to their guidance

- Over the course of the year monthly RN vacancies have ranged between 5.1 - 7.2% (68.8wt – 95.5wte). September 2016 there are approximately 78 wte vacancies in the Trust

- The Recruitment and Retention group have a detailed Recruitment Action Plan and Retention Action Plan with many successful initiatives to recruit and retain RNs

- The NICE Benchmark of one RN to 8 patients has been reviewed and there is only one ward that is > 1RN to 8 beds during the day, Violet Prince Ward (RNHRD)

- The RCN Benchmark of RN/HCA ratio 65%/35% has been reviewed on the general adult wards. The ratio of RN to HCA range from 64.9**:**35.1 to 53**:**47 One ward is on average <50% RNs (48.6%), this being the Acute Stroke Unit (ASU)

- The Trust has been successful to be part of a national test site to develop a new Nurse Associate role (Band 4) in partnership with Wilts/Bristol STPs and UWE.

- Of the top 4 nursing and midwifery staffing risks, the highest risk captures a shortage of nurses to manage the capacity Trust-wide. The other risks are assessed as moderate risks

- The financial position as of month 6 for nurse and midwifery staffing is showing an overspend position of £320,155

- The nursing agency spend against the NHSI control ceiling of 4% (Month 6 2016/17) demonstrates that we are keeping within the 4% ceiling

Six monthly Nurse and Midwifery Safer Staffing report (Oct 2016)

1. Purpose

This report serves as a six monthly review of safer staffing at the RUH and fulfils a requirement of the National Quality Board (NQB) expectations and NICE guidance (2014) that all NHS organisations take a six monthly report to their Board of Directors on nurse staffing levels.

The report provides summary details against the NQB requirements, progress taken by the Trust to date and identifies any gaps and outlines further actions planned to be undertaken.

The report is to provide the Board with assurance regarding nursing and midwifery safe staffing.

1.1 Background

The NQB published guidance *'How to ensure the right people, with the right skills, are in the right place at the right time'* which clarifies the expectation on all NHS bodies to ensure that every ward and every shift have the right number of nursing staff on duty to ensure that patients receive safe care. It requires Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

The Board receives monthly reports (Nursing Quality Indicators Exception report) as part of the Quality Report, which apprises the Board of the wards monthly staffing levels % fill rate 'planned versus actual' and highlights those wards which require close monitoring and attention in the light of their staffing levels and quality matrices.

This six monthly report provides a more detailed report with regard to nursing and midwifery staffing levels to the Board.

2. The NQB expectations and Trust compliance

Since the previous six monthly report (April 2016) the National Quality Board (NQB) has produced further guidance for Trusts; 'Safe sustainable and Productive staffing' (July 2016) to reflect the changes within the NHS Five Year Forward View and the Lord Carter Review '*Operational productivity and performance in English NHS acute hospitals; Unwarranted variations'* (February 2016).

NQB guidance 2016

The NQB guidance report (July 2016) describes a framework of how staffing should be reviewed and monitored and recommends that Boards have access to monthly reviews of workforce metrics, quality indicators and productivity measures and to report this as a whole, not in isolation. (Table 1 overleaf).

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

(Table 1)

Measure and improve

The first section on the table describes how Trusts should 'Measure and Improve' and use patient outcome measures, report and investigate incidents and use patient, carer and staff feedback.

The Board receives individual ward level nursing quality matrices via the Nursing Quality Indicators Chart and Exception report every month as part of the monthly Quality Report.

The Nursing Quality Indicators Chart provides the Board with:

- Staffing levels data (% fill rates) from 'planned versus actual'
- Staffing Datix reports
- Staff sickness and appraisal rates
- FFT % recommending and response rates
- Patient complaints and PALS responses
- Hospital acquired C.Difficle infection
- Hospital acquired Pressures Ulcers
- Number of patient falls and harm levels

Following a detailed review of these matrices an exception report is produced whereby wards are 'flagged' against the quality indicators and the Board are informed of what actions being taken to address any areas of concern.

Care Hours Per Patient Day (CHPPD)

The second section on Table 1 states the implementation of the measure CHPPD which was recommended in the Carter Review as being a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.
Care hours per patient is calculated by adding the hours of registered nurses and healthcare support workers and dividing the total by every 24 hours of the number in-patients (counts patients at midnight).

CHPPD has been collected by the Trust monthly since April 2016 and is reported as part of the monthly staffing return to UNIFY.

The Carter review stated that a 'Model Hospital' dashboard would be developed to demonstrate what good looks like, so that Trusts could adopt best practice and CHPPD could be used as a standardised measure for Trusts to benchmark against. The Model Hospital dashboard has yet to be developed and nursing leaders across the country are still unsure how CHPPD should be used. Concerns have been raised that this measure does not take into account individual ward patient case mix, ward layout and skill mix (competencies).

The Trust is linking closely with senior nursing colleagues nationally and locally to seek more information regarding the use of CHPPD and currently most Trusts are not reporting against this measure to their Boards as they await further guidance.

Right staff, right skills and right place and time

The third section in the table outlines 3 expectations as being 'right staff' 'right skills' and 'right place and time'. The Trust reports on some of the aspects within the expectations, for example reporting against recommended staffing ratio benchmarks, mandatory training compliance and minimising Agency use and this provides a good basis for the Trust to build upon and meet the guidance in full.

Further work on the 3 expectations will be developed as part of the Trust's Nursing and Midwifery Strategy 2017 – 2020 which has been drafted ready for a planned launch in January 2017.

Lord Carter Review

The further guidance from the NQB recommends that Trust Boards implement the Carter recommendations. For nursing, midwifery and care staff Carter outlines the need to ensure staff rosters are efficient and productive, for example stating the need for a Roster Policy.

The Trust has an existing Nurse Roster Policy (2013) in place and to comply with the Carter recommendations our policy has been has been reviewed. The policy will be updated to be much clearer about the role and expectations of nurses and midwives and managers with staff rosters and authorisation processes and will be completed and ratified by December 2016.

Carter recommends that the Trust ensures ward rosters are reviewed and 'signed off' by Matrons at least six weeks in advance using a Matron's checklist. Our existing Trust Policy ensures a Matron's roster review and 'sign off' process and this is completed via an electronic rostering system (Rostapro). To comply with the Carter recommendations a Matron's Checklist was introduced in August 2016 and the new process is being monitored to ensure compliance via the Nursing and Midwifery Workforce Planning Group (NMWPG).

The contract for the Trust's electronic rostering system is presently being reviewed to ensure that the Trust has the ability to realise all the benefits and efficiencies of an electronic staff rostering system. There are some limitations to the present system which is not intuitive and easy for nursing staff to use.

3. NICE Guidance on Safer Staffing

NICE has produced guidance for safe staffing levels although this programme ceased following NHS England's announcement in June 2015, as it is planned that future guidance with regard to safe staffing will be directed by the Chief Nursing Officer and the NQB.

The current NICE guidance on staffing is:

NICE guidance	Date active
Safe Nurse Staffing of Adult Wards in acute Settings	July 2014
Safe Midwifery Staffing for Maternity Settings	27 Feb 2015

3.1 NICE: Safe Nurse staffing of adult wards in acute settings

NICE guidance recommends that adult ward staffing levels are reviewed at least every 6 months using an evidence based tool. The Trust uses a recommended tool called the Safer Nursing Care Tool (SNCT) and these reviews are completed every 6 months as a 'snap shot' over 20 days. The reviews are routinely undertaken in February and August to reflect winter/summer trends.

The SNCT is designed for adult inpatient wards and not wards which receive day case, emergency admissions or critical care units.

The results of this review are presented to the NMWPG and used by the Heads of Nursing to determine staffing levels required to support patient acuity and dependency levels and in particular for budget setting.

3.1.1 Surgical Division SNCT

The February 2016 SNCT review and August 2016 SNCT results for Forrester Brown Unit (Table 2) identified a gap between funded establishment and levels suggested by the tool.
The Head of Nursing and Matron have critically reviewed the Unit's staffing and with support from the Director of Nursing and Midwifery have reverted this 56 bedded Orthopaedic Trauma Unit back to 2 wards (historically 2 wards) on 14th August 2016 for an initial trial period.

After a professional review and along with the detailed knowledge of the ward, the Head of Nursing and Matron at this stage are not anticipating any plan to increase the funded establishment.

The SNCT also identifies potential additional establishment against the levels of care and the Head of Nursing and Matron will also review these wards and apply their

professional detailed knowledge, for example Robin Smith ward has an unusual layout which makes it difficult to observe and monitor patients. The SNCT has limitations in that it does not take ward layout into account.

The August 2016 SNCT results for the Surgical Division are as below:

Safe Nursing Care Tool - August 2016			
Surgical Division			
WARD	***Funded Est:**	**Suggested Est:**	**Variance**
Forrester Brown A&B	**84.08**	**90.99**	**- 6.91**
Philip Yeoman	**30.28**	**27.40**	**+ 2.88**
Robin Smith	**42.24**	**33.67**	**+ 8.57**
Pulteney	**40.34**	**37.63**	**+ 2.71**
		Total variance =	**+ 7.25**

(Table 2)

3.1.2 Medical Division SNCT

Last financial year following previous SNCT reviews the Medical Division supported additional staffing for William Budd Ward (Oncology) as the acuity and dependency of oncology patients admitted to this ward increased.

The latest SNCT review August 2016 (Table 3 overleaf) has identified 3 wards requiring closer review because of a gap between funded establishment and levels suggested by the tool, in particular these being:

- William Budd
- Cheselden ward
- Midford ward

The Head of Nursing and relevant Matrons are critically reviewing the staffing levels against the acuity/dependency for these 3 wards and applying their detailed professional knowledge to support their decision making ahead of budget setting next year.

The SNCT also identifies potential additional establishment against the levels of care particularly on 3 wards, ASU, Helena and Haygarth wards and the Head of Nursing and Matrons will also review these wards using their detailed knowledge of the wards as above.

3.1.3 Women and Children's Division SNCT

The SNCT review is only relevant on Charlotte ward and the review in August 2016 demonstrated the staffing levels were appropriate at the time of the review (Table 4 overleaf).

Safe Nursing Care Tool - August 2016			
Medical Division			
WARD	**Funded Est:**	**SNCT Suggested Est:**	**Variance**
ACE	**45.8**	**43.26**	**+ 2.54**
ASU	**45.77**	**37.2**	**+ 8.57**
Cardiac	**41.32**	**38.83**	**+ 2.49**
CCU	**18.75**	**15.97**	**+ 2.78**
Cheselden	**28.5**	**37.79**	**- 9.29**
Combe	**38.47**	**41.65**	**- 3.18**
Haygarth	**38.54**	**32.99**	**+ 5.55**
Helena	**31.24**	**24.71**	**+ 6.53**
Midford	**41.84**	**50.36**	**- 8.52**
MSS	**24.15**	**21.11**	**+ 3.04**
Parry	**36.9**	**36.5**	**+ 0.4**
Respiratory	**43.45**	**44.99**	**- 1.54**
RNHRD Violet Prince	**19.85**	**15.42**	**+ 4.43**
Waterhouse	**35.15**	**35.53**	**- 0.38**
William Budd	**27.01**	**33.53**	**-6.25**
		Total variance	**8.71**

(Table 3)

Safe Nursing Care Tool - August 2016			
Women and Children's DIVISION			
WARD	***Funded Est:**	**Suggested Est:**	**Variance**
Charlotte	**28.34**	**27.31**	**+ 1.03**
		Total variance =	**+ 1.03**

(Table 4)

3.2 NICE: Safe Midwifery staffing for maternity settings

The guideline identifies organisational and managerial factors that are required to support safe midwifery staffing, and makes recommendations for monitoring and taking action if there are not enough midwives available to meet the midwifery needs of needs of women and babies in the service.

Key recommendations include:

- Review and determine the Midwifery staffing establishments every 6 months
- Provide one-to-one care during labour

The Senior Midwifery Matron has completed a baseline assessment against the NICE guidance and the key areas of compliance and non-compliance are as below:

Areas of compliance

- Senior Midwives oversee staffing rotas and ensure required skills/experience
- Provide women in established labour with one-to-one care of a Midwife
- Midwifery staffing Escalation Policy is in place
- Daily staffing 'Red Flags' reporting and process is in place
- Staff training, education and supervision is provided and promoted

Areas of non-compliance:

- A systematic process (evidence based tool) is used to determine midwifery staffing establishments
- Compare the results of the staffing indicators (as above) every 6 months

Birthrate Plus® is currently the only midwifery specific national tool that gives the intelligence and insights needed to be able to model midwifery numbers, skill mix and deployment and it is recommended by the Royal College of Midwives. Maternity thus far have not used this tool to determine staffing levels as there has been a plan to review Maternity staffing post-acquisition to the Trust once Maternity had settled.

Maternity Review

The Women and Children's Division have recently undertaken a review of Maternity in response to a number of local and national drivers e.g. Morecambe Bay and the Kirkup Report, Better Births, as well as patient and staff feedback.

The initial Midwifery review has been presented to Management Board (September 2016) to seek support to progress further work which includes Midwifery staffing. As part of these plans the senior Midwife/Matron will critically review midwifery staffing levels and use an evidence based tool to support any proposed changes to staffing going forward.

Midwife to birth ratio

The staffing benchmark ratio used routinely within Midwifery services is the midwife to birth ratio which is also found within the Birthrate Plus® tool and endorsed by the Royal College of Midwives.

The recommended mean national ratio is one whole time equivalent (wte) midwife per 29.5 births.

The ratio of midwife to births is monitored monthly and reported to the Nursing and Midwifery Workforce Planning Group, Divisional meetings and Board of Directors. Since April 2016 to September 2016 the ratio has ranged between 1:29 midwife: births to 1:32 midwife: births per month (Table 5) with a monthly average over the 6 months being 1:31 midwife: births.

This is a slight improvement from the previous reported period April 2015 – February 2016 where the monthly average was around one midwife per 32 births. This is due to proactive recruitment and more midwives in post.

Midwife to birth ratios April to September 2016

	Apr	May	Jun	Jul	Aug	Sep
Midwife:Birth Ratio	01:29	01:33	01:30	01:32	01:31	01:31

(Table 5)

CQC Inspection March 2016
With regard to midwifery staffing levels following the CQC inspection in March they noted:

- There was no staff trained to provide specialist bereavement care for maternity and gynecology patients experiencing loss, or to advise other staff who required specialist support in this sensitive area.
- Improvements were required in records to demonstrate that one to one care was provided to women in established labour 100% of the time

In response to the CQC's findings the Division have developed an improvement plan.

3.3 Safe nurse staffing on the Children's Ward

The only guidance there is to support nurse staffing in Children's wards is produced from the Royal College of Nursing (RCN). The latest being 'Defining Staffing Levels of Children and Young People's Services 2013'.

The Children's ward has 33 inpatient beds and admits children of all ages from babies to adolescents. The ward admits children for minor day case procedures as well as emergency admissions, some of which are requiring acute care and potentially high dependency. The ward layout also extends into an Outpatient facility at one end and in support of safe staffing levels the Matron deploys the nursing staff across and between the ward and outpatients as required.

This way of deploying in staff is efficient, but means it is not possible to meaningfully assess against the RCN guidance.

CQC Inspection March 2016
With regard to nurse staffing levels within Children's wards following the CQC inspection they did not raise any concerns about staffing levels and the service overall was rated as good.

4. General Adult wards Benchmarking data

The general adult ward nursing staffing levels and skill mix are reviewed regularly, for budget setting, and six monthly for this report.

Recommended benchmarks

There are several recommended benchmarks that have been commonly used to support reviews of nurse staffing levels on wards, these being:

- NICE has recommended that the Registered Nurse (RN) to patient ratio should not be greater than 8 patients per RN during the day shift.
- RCN guidance Safe Staffing Levels (2010) recommend a ratio of RNs in general adult wards to be 65% against Healthcare Assistants (HCAs).

4.1 Ratio of RN to patients 1:8

The budgeted ratio of one RN to 8 beds has been reviewed for 2016/17 ***(Appendix 1)*** and there is only one ward that is > 1RN to 8 beds during the day and this being Violet Prince Ward at the Royal National Hospital for Rheumatic Diseases (RNHRD). However the acuity levels and occupancy are low on this ward with a very specific case mix. In light of this the Head of Nursing and Matron are confident that this skill mix is appropriate.

Across the wards the ratios do not take into account skill mix changes and new roles and new ways of working which support ward nursing e.g. Assistant Practitioners Band 4 and Discharge Liaison support workers Band 3.

The issue of skill mix changes is one of the reasons that Lord Carter recommended the new measure of Care Hours per Patient Day (CHPPD), this being in acknowledgement that other roles support patient care delivery and including Allied Health Professionals. This approach has also been supported by the Chief Nursing Officer for England.

4.2 Ratio of RN to Non-Registered Nurse (HCA)

Most of the general adult wards average percentage ratio of RN to HCA range from 64.9:35.1 to 53:47 (***Appendix 2***).
However one ward is on average <50% RNs (48.6%), this being the Acute Stroke Unit (ASU).

There was additional investment in nurse staffing on the ASU in 2014 which increased the HCA numbers and therefore reduced the RN/HCA ratio. The additional investment provides an average of one nurse for every three patients.

The Trust has recruited Assistant Practitioners (Band 4) and is currently supporting other HCAs to undertake a 2 year training programme to become Assistant Practitioners. This is in recognition that the Trust needs to support continuity of care to patients and in particular where we are unable to recruit sufficient RNs, due to a national shortage.

Naturally these higher level support roles will have an effect on the RN to HCA ratios and as mentioned previously changes to nursing skill mix is recognised nationally as needing to be different to encompass these new roles.

5. Nurse Associate role

The Lord Willis (2015) report into Nurse Education *'Raising the Bar: Shape of Caring review'* (2015) noted the need for a higher skilled Care Assistant. Following the Willis report and a consultation period, Health Education England (HEE) is introducing the new role of Nurse Associate (Band 4).

Nurse Associates will undertake a 2 year Health and Social Care Foundation Degree which will cover aspects within the changing needs of healthcare as outlined by the NHS 5 year Forward View e.g. frail elderly and health promotion.

Higher Education Institutions (HEIs) and Trusts were asked to submit bids to become a 'Test Site' to develop the curriculum and these roles. The Trust is part of a partnership bid which covers both Bath/Wiltshire and Bristol's Service Transformation Plan (STP) patches and in partnership with the University West of England (UWE) who will provide the formal education requirement.

The Trust has recently received notification that the Bath/Bristol bid has been successful for a second wave of test sites in England. It is expected that the Trust will therefore be able to support the training of around 15 Nurse Associates to start their training in Spring 2017.

It is anticipated that these roles will be very similar to the Assistant Practitioner (APs) roles which are also at Foundation Degree or equivalent and it is likely that existing APs will convert to become Nurse Associates. As with Assistant Practitioner roles, the Nurse Associate role will be able to access nurse training to become a Registered Nurse on a shortened course.

In conjunction and support of the Nursing and Midwifery Strategy, the Lead Nurse for Workforce Development and Education is developing a Nursing Workforce Strategy that will describe these skill mix changes and future direction from 2017 to 2020.

<u>CQC inspection March 2016</u>

In the general adult wards the CQC reported that there were periods of understaffing and shortages of Registered Nurses, however they noted that appropriately non-registered nurses were used to cover shortfalls in the rotas.

6. Nursing Recruitment and Retention

The Nursing and Midwifery Workforce Planning Group (NMWPG) is a well-established and proactive group which is chaired by the Director of Nursing and Midwifery. There is a recruitment and retention group chaired by the Head of HR with a robust action plan and this is a sub-group of the NMWPG.

The recruitment and retention group have a detailed Recruitment Action Plan which is reviewed at the NMWPG every month and have supported many successful initiatives to recruit RNs, however RN vacancies continue to be run higher than planned. This is identified on the Trust's Risk register, risk ID: 1283.

Table 6 overleaf reflects the numbers of RNs budgeted and contracted in post month on month, which reflects the contracted RN wte vacancies. This table does not take into account vacancies due to maternity leave and long term sickness.

Over the course of the year monthly RN vacancies have ranged between 5.1 - 7.2% (68.8 – 95.5wte) and at the end of September 2016 there are approximately 78 wte vacancies across the Trust. The fluctuations are consistent with recruitment initiatives such as International recruitment campaign and newly qualified student nurses who completed University in September.

RN wte in post/vacancies Sept 2016

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Budget (WTE)	1297.0	1297.0	1297.0	1297.0	1297.0	1297.0	1320.6	1321.2	1322.2	1322.2	1322.2	1324.6
Contracted (WTE)	1223.5	1222.7	1223.7	1214.9	1221.6	1231.3	1228.0	1225.9	1233.9	1229.1	1238.7	1246.4
Vacancies (WTE)	**73.5**	**74.4**	**73.4**	**82.2**	**75.4**	**65.8**	**92.7**	**95.3**	**88.3**	**93.1**	**83.6**	**78.2**
Vacancy Rate (%)	**5.7%**	**5.7%**	**5.7%**	**6.3%**	**5.8%**	**5.1%**	**7.0%**	**7.2%**	**6.7%**	**7.0%**	**6.3%**	**5.9%**

(Table 6)

International Recruitment

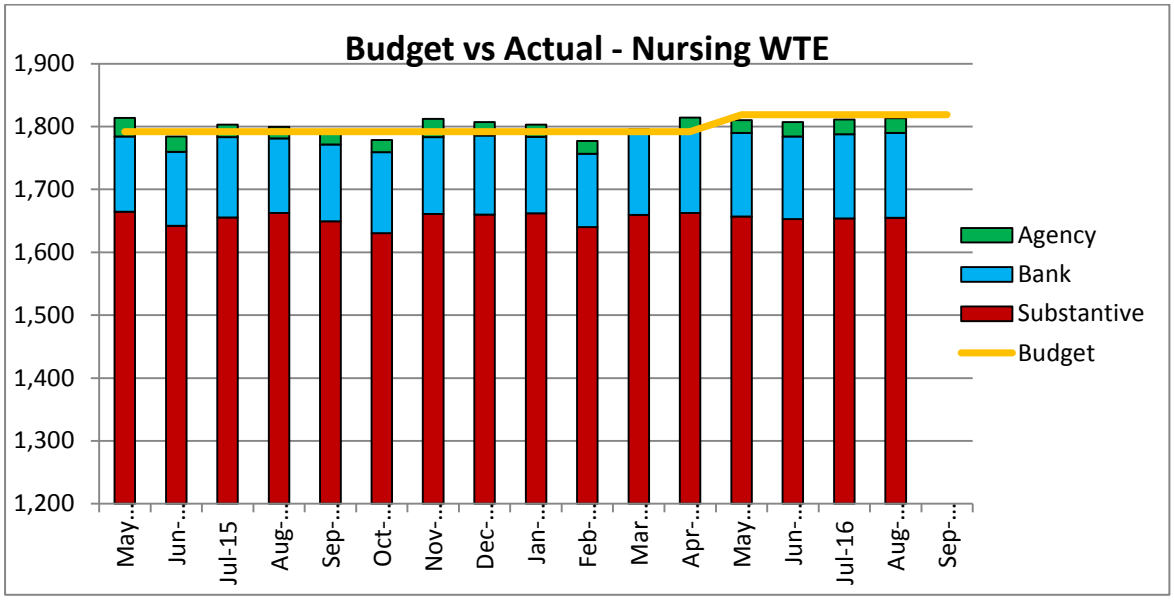
In early 2016 The Trust supported a European overseas recruitment campaign aimed at recruiting 40 registered nurses to the Trust from Italy, Portugal and Spain in order to fill ward vacancies. This saw the appointment of 33 International Nurses who were appointed between January and August 2016.

NMC changes with the requirements for NMC Registration for registered nurses from outside the UK since April 2016 has impacted on the nurses who started in post later in the year and this has delayed some the nurses becoming registered with the NMC. Thus far of the nurses who were appointed to the Trust their status is:

- 22 employed as NMC Registered Nurses
- 5 working as Assistant Practitioner Band 4 and not NMC Registered, need to complete International English Language Test (IELT)
- 5 left employment with the Trust (numerous reasons)
- 1 downgraded to Healthcare Assistant (mutually agreed)

The Head of Nursing for Medicine has undertaken an evaluation and benefits realisation of the last International recruitment campaign to support decision making for potential future campaigns.

The number of nurses in post and use of Bank and Agency nurses are reflected in Graph 1 below. The increase in budgeted establishments is in line with Budget setting 2016/17. The numbers of substantive staff in post and the 'gap' against budgeted contracts are fairly consistent month on month which reflects the on-going need for recruitment and retention plans.



(Graph 1)

The key areas which currently have high vacancies are the Emergency Department, Medical Assessment Unit (MAU), Parry Ward, Respiratory ward and Forrester Brown Ward B.

Retention Action Plan

A Recruitment and Retention Nurse was appointed at the end of June 2016 and has developed a detailed Retention Action Plan which will be presented at the Nursing and Midwifery Workforce Planning Group meeting at the end of Oct 2016.

Some examples of new recruitment and retention initiatives are:

- Appointed Recruitment and Retention Nurse
- Frequent RUH recruitment Open days and attending University Recruitment fairs
- Practice Learning Facilitator supporting newly registered nurses and organising their Preceptorship period (first year)
- Funded places for International English Language Test (IELT) for RUH HCAs who are Registered Nurses outside the UK and wanting to gain NMC Registration
- HEE/RUH Sponsorship funding RUH staff to undertake Registered Nurse training
- Plans to limit the amount of staff movement (movement within Matron clusters)
- Senior Nurses working 'back to the floor' in clinical practice

7. Nursing and midwifery staffing risks on the Trust's Risk Register

The majority of risks on the Trust's Risk Register for nurse staffing are low risks. Of the top 4 nursing risks, the highest risk captures a shortfall of Registered nurses to manage the capacity demands Trust-wide. The other risks are moderate risks, as below:

ID: 1283 Availability of nursing workforce to manage capacity (Trust-wide) Score:16
ID: 943 Lack of staffing / equipment for HDU beds on Children's ward Score:12
ID: 907 Risk of Trust not using non-framework agencies and risk to staffing Score:10
ID: 967 William Budd ward staffing due to vacancies Score: 9

8. Nurse and Midwifery staffing expenditure

This financial year's position as of month 6 (September 2016) for nurse and midwifery staffing is showing an overspend position of £320,155, Table 7 below.

This variance is of concern and the Head of Nursing and Divisional leads are critically reviewing overspends against budgets. In comparison to the last financial year 2015/16, this is an improvement from the Month 6 position when the nursing budgets were showing an overspend of 468,084.

Financial Position for Nursing 15/16 and 16/17)

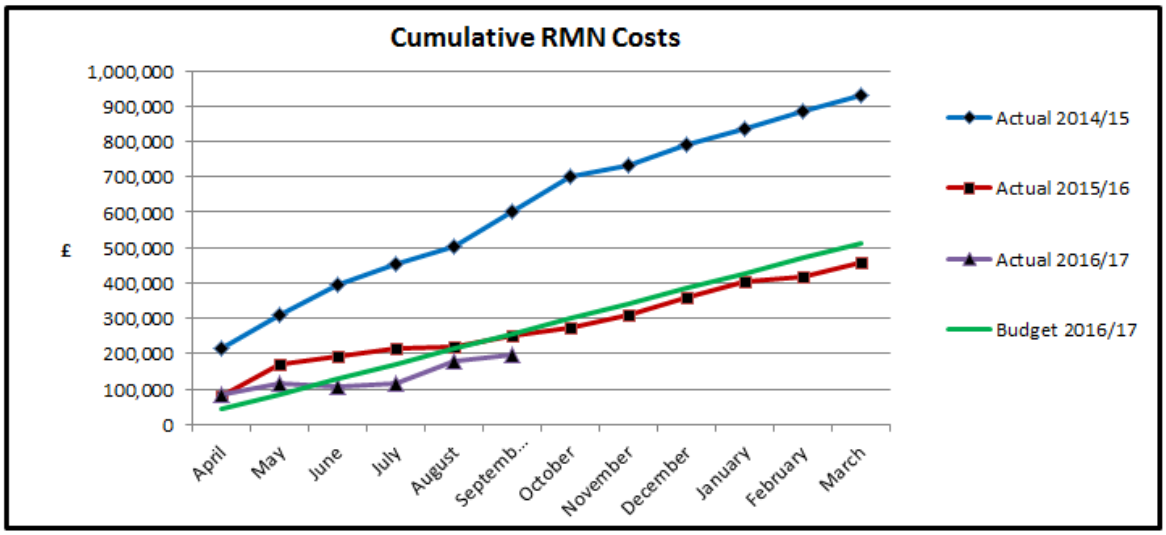
Division	2015/16 Budgeted WTE	M12 2015/16 Worked WTE	M12 2015/16 Variance WTE	M12 2015/16 Budget (£)	M12 2015/16 Actual (£)	M12 2015/16 Variance (£)
MEDICAL DIVISION	858	866	8	29,585,687	29,985,858	400,171
SURGICAL DIVISION	564	587	23	19,198,498	20,263,259	1,064,761
WOMEN AND CHILDREN'S DIVISION	370	361	-8	15,366,294	14,456,763	-909,531
Total	**1792**	**1815**	**23**	**64,150,479**	**64,705,880**	**555,401**

Division	2016/17 Budgeted WTE	M6 2016/17 Worked WTE	M6 2016/17 Variance WTE	M6 2016/17 Budget (£)	M6 2016/17 Actual (£)	M6 2016/17 Variance (£)
MEDICAL DIVISION	882	892	10	15,593,340	15,720,114	126,774
SURGICAL DIVISION	573	583	10	10,299,720	10,527,543	227,823
WOMEN AND CHILDREN'S DIVISION	366	360	-6	7,582,668	7,548,226	-34,442
Total	**1821**	**1835**	**14**	**33,475,728**	**33,795,883**	**320,155**

(Table 7)

8.1 Registered Mental Health Nurses (RMNs)

The Trust is working in partnership with Avon and Wiltshire Partnership (AWP) Trust, and a Mental Health Practitioner to review, assess and plan the care for patients who require mental health support. The Mental Health Practitioner post has been vacant for the first 6 months of 2016/17 when the previous post-holder left, but this has recently been filled. This approach, in conjunction with a robust authorisation process for booking RMNs has previously shown to have a positive impact and reduced the overall spend on RMNs (Graph2).



(Graph 2)

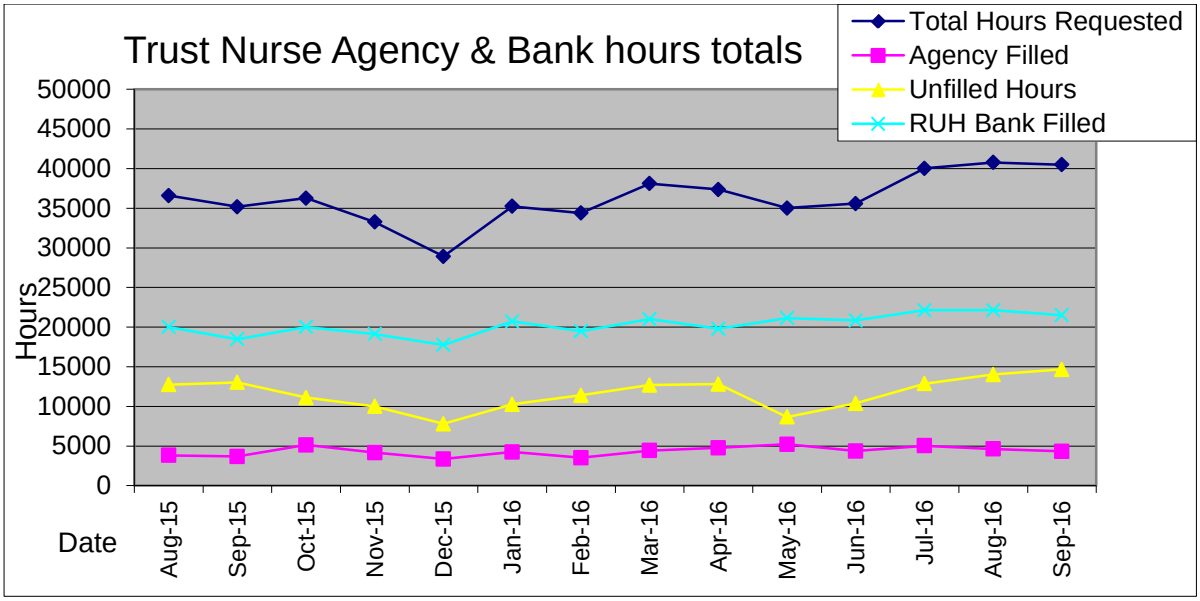
8.2 Agency and Bank spend

The analysis of nursing agency, bank costs (Graph 3 overleaf) demonstrates a rise in demand for nursing hours since July 2016 and the Heads of Nursing are reviewing the ward nursing rotas to seek an understanding of why this was the case.

There was a slight increase in Bank hours over the last 5 months, yet the Agency hours are fairly consistent and are evidence that the robust authorisation processes and control measures are still being applied.

Any breach of NHSi's Agency Framework and/or capped rates on the actual availability of agency nurses has yet to be evaluated nationally.

The challenges of covering nursing vacancies at times of increased bed capacity remains difficult and day to day safe staffing is closely managed and overseen by the Matrons and Heads of Nursing.



(Graph 3)

8.3 NHSI Agency Nursing rules and compliance

The NHSI agency 'cap' was introduced initially for nursing staff from October 2015. NHSI introduced agency spending rules for nursing and also set annual price ceilings for the amount of agency spend.

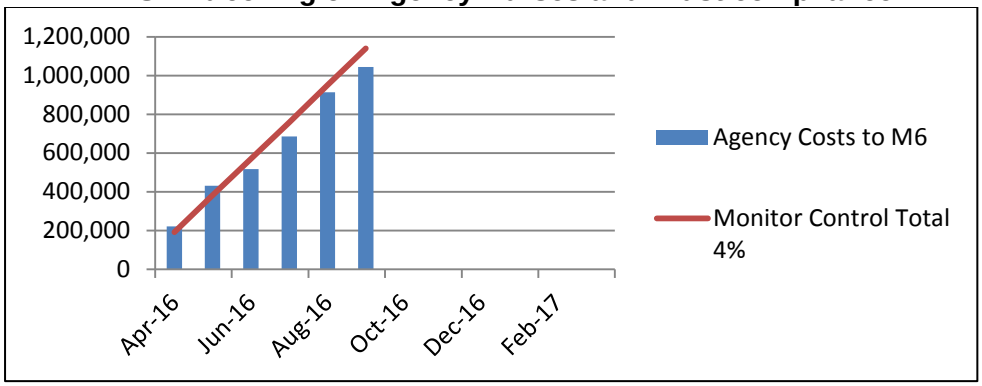
The nursing rules included:

- Mandatory use of frameworks for procuring agency staff; and limits on the amount individual agency staff can be paid per shift.
- Annual ceiling for total agency spend (as a percentage of total nursing spend):

	2016/17	2017/18	2018/19
RUH Bath	4%	3%	3%

The current Agency authorisation process supports the implementation of the NHSI rules. Graph 4 shows the nursing agency spend against the Monitor control ceiling of 4% for 2016/17. This is month on month review of spend and demonstrates that we are keeping within the 4% ceiling of our overall spend on nursing.

NHSI 4% ceiling on Agency Nurses and Trust compliance



(Graph 4)

9. Recommendations

The Board is asked to:

- Note the progress to date against the latest requirements of the NQB, NICE guidance and RCN guidance for general adult wards, Maternity and children's areas and further actions required
- Note the staffing levels against national recommendations
- Note the RN vacancies position and actions in place to close the gaps
- Note the 4 highest nursing workforce risks on the Trust's risk register
- Note the current in-year financial position and actions taken to control expenditure

Royal United Hospitals Bath NHS
NHS Foundation Trust

APPENDIX 1

Benchmarking Ratio RN to patients (1:8) Day Shift

General Wards RN to bed Ratio October 2016

Ward	Speciality	No Beds	Early Shift No: RNs	Ratio RN to bed (1:8)	Late Shift No: RNs	Ratio RN to bed (1:8)	Night shift No: RNs	Ratio RN to bed (1:8)
Acute Stroke Unit	Stroke	26	5	**1: 5.2**	4	**1: 6.5**	3	**1: 8.6**
ACE	Older Persons – emergency assessment	28	6	**1: 4.6**	5	**1: 5.6**	3	**1: 9.3**
Cardiac	Cardiac	36	6	**1: 6**	6	**1: 6**	4	**1: 9**
Charlotte	Gynae elective surgery and Older Persons (F)	22	3	**1: 7.3**	3	**1: 7.3**	2	**1: 11**
Cheselden	Older Persons Step Down	22	3	**1: 7.3**	3	**1: 7.3**	2	**1: 11**
Combe	Older Persons	26	5	**1: 5.2**	4	**1: 6.5**	3	**1: 8.6**
Forrester Brown A	Orthopaedic Trauma	28	4	**1: 7**	4	**1: 7**	3	**1: 9.3**
Forrester Brown B	Orthopaedic Trauma (includes Acute bay)	29	5	**1: 5.8**	5	**1: 5.8**	4	**1: 7.25**
Haygarth	Gastroenterology medicine	27	4	**1: 6.75**	4	**1: 6.75**	3	**1: 9**
Helena	Neurology	17	3	**1: 5.6**	3	**1: 5.6**	3	**1: 5.6**
Medical Short Stay	General medical	18	3	**1: 6**	3	**1: 6**	2	**1: 9**
Parry	Endocrine medicine	28	4	**1: 7**	4	**1: 7**	3	**1: 9.3**
Philip Yeoman	Orthopaedic elective surgery	27	3	**1: 9**	3	**1: 9**	2	**1: 13.5**
Pulteney	General Surgery	30	5	**1:6**	4	**1: 7.5**	3	**1: 10**
Respiratory	Respiratory (includes Acute bay)	33	6	**1: 5.5**	5	**1: 6.6**	4	**1: 8.25**
Robin Smith	General Surgery	28	5	**1: 5.6**	4	**1: 7**	3	**1: 9.3**
Violet Prince RNHRD	Rheumatology (Elective and Step down)	22	2	**1: 11**	2	**1: 11**	2	**1: 11**
Waterhouse	Older Persons	24	5	**1: 4.8**	4	**1: 6**	3	**1: 8**
William Budd	Oncology	22	4	**1: 5.5**	4	**1: 5.5**	3	**1: 7.3**

Wards where shift are > 1 RN : 8 beds (Red)

Jan Lynn, Lead Nurse Workforce Development and Education V1
October 2016

General wards RN % to Non-Registered ratio

APPENDIX 2

Division	Speciality/Ward	RN % to Non-Reg Ratio	HCA % ratio includes Band 3 and 4
Medical Division	**Acute Medicine**	**65.9**	**34.1**
	Cheselden Ward	53.5	46.5
	Med Short Stay	62.9	37.1
	Cardiology	**69.2**	**30.8**
	Cardiology Ward	64.8	35.2
	Care of the Elderly	**56.2**	**43.8**
	Ace OPU	56.0	44.0
	Combe Ward (3)	57.8	42.2
	Midford Ward (9)	53.2	46.8
	Waterhouse Ward	58.6	41.4
	Endocrinology	**56.0**	**44.0**
	Parry Ward	56.0	44.0
	Gastroenterology	**53.5**	**46.5**
	Haygarth Ward	53.5	46.5
	Neurology	**57.4**	**42.6**
	Helena Ward	57.4	42.6
	Oncology	**64.9**	**35.1**
	W Budd Cancer Unit	64.9	35.1
	Respiratory	**63.2**	**36.8**
	Respiratory Unit	63.2	36.8
	Rheumatology	**68.0**	**32.0**
	RNHRD Violet Prince	68.0	32.0
	Stroke	**48.6**	**51.4**
	Acute Stroke Unit	48.6	51.4
Surgical Division	**General Surgery**	**60.1**	**39.9**
	Pulteney Ward	54.2	45.8
	Robin Smith Ward	56.3	43.7
	Short Stay Surgical Ward	66.8	33.2
	Trauma & Orthopaedics	**58.95**	**41.05**
	Forrester Brown	56.7	43.3
	P.Yeoman/Recovery	61.2	38.8
Women and Children's Division	**Gynaecology**	**54.0**	**46.0**
	Charlotte Ward	54.0	46.0
	Paed & NICU	**78.9**	**21.1**
	Paediatric Inpats & Outpats (Pay Only)	78.9	21.1