

Six Monthly Safer Nurse and Midwifery Staffing Report

April 2017

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Executive Summary

- The report has provided details of the National Quality Board expectations with regard to safe staffing and updated the Board on compliance and progress made to date
- The report notes the CQC Inspection (2016) and relevant staffing actions with good progress and most actions completed
- RN vacancies continue to remain a challenge and are on the Trust's Risk Register (Moderate risk). There are proactive Recruitment and Retention Action Plans in place. RN vacancies are approximately 83 wte at end March 2017.
- 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 recruited 14 Trainee Nurse Associate roles (April 17) and are piloting other new roles and ways of working integrated into nursing teams e.g. Physiotherapists.
- The top 5 nursing and midwifery staffing risks are all rated as moderate with the highest risk noting high nursing vacancies on Parry ward.
- The year-end financial position as at month 12 for nurse and midwifery staffing showed an overspend position of £953,614
- The nursing agency spend was within the NHSI control ceiling of 4% for 2016/17

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Six monthly Nurse and Midwifery Safer Staffing report

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 appraises the Board of the wards' monthly staffing levels, % fill rate, 'planned versus actual', and highlights those wards which require close monitoring and attention in 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.

2. The NQB expectations and Trust compliance

The National Quality Board (NQB) latest guidance for Trusts; 'Safe sustainable and Productive staffing' (July 2016) was produced 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).

As reported in the previous six monthly report (October 2016) the NQB guidance report 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.

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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.Difficile 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 is informed of what actions being taken to address any areas of concern.

Care Hours Per Patient Day (CHPPD)

The implementation of the measure CHPPD as recommended in the Carter Review is relatively new, and is now used in the ‘Model Hospital’ dashboard as a standardised measure for Trusts to benchmark against.

The senior nursing team and finance are just getting familiar with the data on the dashboard, and will work together to identify opportunities of efficiencies, for example; improving sickness absence rates and retention rates.

The Director of Nursing and Midwifery and Heads of Nursing will be reviewing the relevant data on the Model Hospital Dashboard in June 2017 to see if there are potential areas for opportunities of efficiencies, for example; sickness absence rates and retention rates which are benchmarking slightly higher than our peer group.

Lord Carter Review

The NQB recommended 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 revised its previous Nurse Roster Policy (2013) to comply with the Carter recommendations and a Nursing and Midwifery Rostering Policy has been developed ready for ratification at the next Strategic Workforce Committee July 2017.

The Carter recommendations ensures that ward rosters are designed in a timely fashion against key standards (numbers and skills) and reviewed and ‘signed off’ by Matrons at least six weeks in advance. This process is in place and being monitored via the Nursing and Midwifery Workforce Planning Group (NMWPG) every month to

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ensure compliance.

The contract for the Trust’s electronic rostering system is presently being reviewed by a Trust wide Project group as part of a programme of work within the Health Informatics Service. There are some limitations to the present system as it is not intuitive and easy for nursing staff to use nor is it able to provide the necessary management information to support effective staff deployment. By reviewing other Erostering systems it will provide the Trust with opportunities to realise all the added benefits and efficiencies of an electronic staff rostering system.

3. NICE Guidance on Safer Staffing

NICE has produced guidance for safe staffing for adult inpatient wards and for maternity settings

Future guidance with regard to safe staffing is planned to be directed by the Chief Nursing Officer and the NQB.

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 undertaken in February and August to capture winter/summer trends.

The SNCT is designed for general adult inpatient wards only and not wards which receive day case, emergency admissions or critical care units. This is one of several other recognised limitations of the tool, these being:

- Reliant on nurses subjectively categorising patients dependency
- Ward layout/environmental issues
- May not capture staffing requirements where there is very high throughput
- Snap shot review and impact of beds being closed e.g. Infection control

It is imperative that senior nurses use their professional judgement as well as the results from the SNCT when making any decisions about staffing levels. The results of this review have been reviewed by the Heads of Nursing and Matrons to support determining staffing levels and recommendations presented to the NMWPG.

3.1.1 Surgical Division SNCT

Previous SNCT 6 monthly reviews have noted trends of potential under establishments in the Trauma Orthopaedic ward (Forrester Brown Unit). In August 2016 this unit reverted back to 2 wards; Forrester Brown and Pierce wards. The February 2017 SNCT review has also suggested potential under establishments in the same 2 wards as per Table 1 overleaf. The Head of Nursing and Matron have reviewed staffing levels using their experienced professional judgement of these wards and have made these recommendations:

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Safe Nursing Care Tool - February 2017			
SURGICAL DIVISION			
WARD	*Funded Est:	Suggested Est:	Variance
Forrester Brown (A)	42.42	46.26	-3.84
Pierce (was Forrester Brown B)	43.21	47.87	-4.66
Philip Yeoman	30.28	31.14	-0.86
Robin Smith	42.24	37.45	+4.79
Pulteney	42.34	39.02	+3.32
		Total variance =	-1.25

(Table 1)

- An increase to staffing levels at night on Pierce ward (April 2017) to support patient acuity in their acute care bay.
- No change to Forrester Brown ward which had numerous Flu patients during the time of the review and areas closed, yet they remained 100% occupancy. It is felt that this impacted on the results in February.

The Nursing quality indicators for both the Trauma orthopaedic wards during the time of the review did not flag any concerns and the Head of Nursing and Matron will continue to closely monitor staffing levels and the results of the next SNCT in August 2017.

The SNCT also identified potential over establishments in Pulteney and Robin Smith wards, Table 2 below. Both these wards have high dependency patients who require close monitoring and the ward layout makes easy observation of patients more challenging, hence recommending no change to existing staffing establishments.

3.1.2 Medical Division SNCT

The latest SNCT review February 2017 (Table 2 overleaf) has identified 7 wards requiring a closer review because of a suggested gap between funded establishment and levels suggested by the tool, these being:

- Respiratory
- William Budd
- Cheselden ward
- Parry
- Midford ward
- Combe
- Violet Prince

Safe Nursing Care Tool - February 2017			
MEDICAL DIVISION			
Ward	*Funded Est:	Suggested Est:	Variance
ACE	45.80	35.79	+10.01
ASU	45.77	43.32	+2.45
Cardiac	42.32	40.04	+2.28
CCU	18.75	15.68	+2.40
Cheselden	28.50	33.95	-5.45
Combe	38.47	42.56	-4.08
Haygarth	38.54	37.01	+1.53
Helena	31.24	26.0	+5.24
Midford	41.84	51.37	-9.53
MSS	24.15	20.22	+3.93
Parry	36.90	42.87	-5.97
Waterhouse	35.25	35.04	+0.21
Respiratory	43.45	52.77	-9.32
William Budd	31.88	36.65	-4.77
Total variance			-11.07

RNHRD Violet Prince	19.85	25.34	-5.49
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(Table 2)

The Head of Nursing and relevant Matrons have reviewed staffing levels against the acuity/dependency for these wards and also against other wards in the Division where the tool has suggested over establishments which have been consistently noted in SNCT reviews. The Matrons will also apply their detailed professional knowledge to support their decision making and recommendations as below:

- The Matron responsible for the Older Persons Unit (OPU) wards will review all the data to determine. In particular for Midford and Cheselden wards.
- ACE ward SNCT results suggest a potential over-establishment, however this assessment ward has a very high patient turnover and it is felt that this has not reflected in the review (known limitation).
- The Respiratory ward results have for the last 3 concurrent SNCT reviews suggested an under-establishment. Noticeably there appears to be a 'winter trend' and the Head of Nursing and Matron responsible will review the results and staffing establishments.
- The Oncology Matron will review the SNCT results for William Budd ward which suggests that it is under-established. The ward's staffing levels were

increased in April 2016 following previous SNCT reviews and it is possible that there is also a slight 'winter trend' on this ward.

- Violet Prince ward suggests an under-establishment, however this ward also receives day case patients and a high number of patients attending therapy courses and are accommodated on the ward overnight. The SNCT does not lend itself to these patients. The Head of Nursing has no concerns about the staffing levels and will consider if the SNCT is appropriate for this ward.
- The SNCT results for Helena ward has suggested over the last 3 concurrent occasions that they are over-established. The Head of Nursing and Matron will therefore review the data and staffing establishments to determine if their funded establishment should be reduced or could be more flexible.
- The SNCT results for the Medical Short Stay ward have suggested that they are over-established. However during the period of the data collection the ward was closed for Infection Control purposes with beds empty which would have affected the data. Therefore no changes are being considered.

3.1.3 Women and Children's Division SNCT

The SNCT review is only relevant on Charlotte ward in the Division and the review in February 2017 suggested a slight under-establishment although 1.0wte Receptionist is within funded establishment, Table 3 below:

Safe Nursing Care Tool - February 2017			
Women and Children's DIVISION			
WARD	*Funded Est:	Suggested Est:	Variance
Charlotte	28.34	30.17	-1.83
		Total variance =	-1.83

(Table 3)

The Head of Nursing/Midwifery and Matron have reviewed the SNCT data and noted:

- A potential 'winter trend' following the 2016 and 2017 February reviews and will monitor this via future SNCT reviews. This may be due to an increase in frail elderly patients over the winter period.

3.1.4 2016 CQC Inspection staffing actions

The CQC made several recommendations with regard to nurse staffing following their inspection in March 2016, as below. The Trust has made good progress with these which are nearly all completed.

CQC Inspection 2016 - staffing actions	Actions undertaken	Completed
The trust must take action to ensure that staffing reviews are consistently robust and reflect accurate and comprehensive data for all medical wards	An annual skill mix review prior to budget setting has been undertaken. SNCT reviews are consistently undertaken and completed on all relevant wards since August 2015	YES

<p>The trust must take steps to ensure that the emergency department (ED) is consistently staffed to planned levels to deliver safe, effective and responsive care</p>	<p>Staffing requirements in ED have been reviewed and agreed prior to 2017/2018 budget setting.</p> <p>A Standard Operating Procedure (SOP) has been developed for ED during times of escalation when additional staff deployment is required to manage peaks with capacity.</p>	<p>YES</p>
<p>The trust must continue to mitigate the risks associated with less than planned staffing levels to ensure safe staffing on medical wards for every shift</p>	<p>A Trust-wide nurse staffing escalation Policy has been developed which outlines the actions to be taken if staffing falls below planned levels.</p> <p>The duty Matron manages daily staffing on a shift by shift basis to ensure safe levels and records staff levels and deployment on daily staffing sheets.</p>	<p>YES</p>
<p>The trust must ensure the approved operating policy for critical care is understood and followed by hospital staff when considering moving nursing staff to work on other wards.</p>	<p>Standard Operating Policy has been developed and in place.</p> <p>Critical Care daily staffing is discussed at all the daily operational 'site' capacity meetings to aid communication and support agreed staffing levels</p>	<p>YES</p>
<p>Review nursing staff levels so they meet recommended guidance for critical care to enable the supervisors/coordinators, protected staff, and clinical educators to fulfil their roles</p>	<p>Staffing within Critical Care has been reviewed by the Critical Care Matron and approved by the Director of Nursing and Midwifery. The Nurse in Charge (Coordinator) role and Nurse Educator role are now protected and managerial time is also regularly allocated.</p>	<p>YES</p>
	<p>The Matron is scoping the ability to source additional capacity/admitting nurse to be available within the daily staffing numbers as required.</p>	<p>Being scoped</p>

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

A baseline assessment against the NICE guidance has been completed and updated and the key areas:

- Senior Midwives oversee staffing rotas and ensure required skills/experience on a daily basis. A ‘face the week’ type of conference call has been introduced by the community midwifery matron on a Monday morning to review staffing and planned activity across the service.
- The provision of one to one care midwifery care for women in established labour.
- Midwifery Staffing Escalation Policy has just been reviewed and refreshed and compliments the Trust’s Escalation Policy
- Name a systematic process (evidence based activity and acuity tool) has not been used to inform midwifery staffing establishments, and the Division is yet to start comparing
- 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.

With a new Head of Nursing/Midwifery in post a staffing review is planned for 2017.

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 midwives to births is monitored monthly and reported to the Nursing and Midwifery Workforce Planning Group, W&C Divisional Board monthly meeting and to the Board of Directors.

The midwife to birth ratio for the six months to March 2017 is recorded in Table 4 below:

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
MW : Birth	01:30	01:30	01:29	01:28	01:27	01:32

(Table 4)

3.3 Safe nurse staffing on the Children’s Ward

The only guidance there is to support nurse staffing levels on 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 and elective surgery of multiple types, requiring acute care and some high dependency. The ward layout also extends into an Outpatient facility at one end and Day Assessment Unit and this is managed as part of the Children’s Ward. In support of safe staffing levels the Senior Sister supported by the Matron for Paediatrics and Gynaecology 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. The Head of Nursing and Midwifery will, as part of service evaluation plans, review paediatric staffing levels across the service and with consideration to activity and utilisation of services propose changes to staffing going forward.

4. General Adult wards Benchmarking data

The general adult ward nursing staffing levels and skill mix are reviewed regularly, for budget setting, and 6 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 was reviewed for 2016/17 and reported in detail within the previous 6 monthly Safer Staffing report. As the budgeted

establishments are the same as at March 2017, the benchmark results will not have changed.

This benchmark will be reviewed again in more detail for the October 2017 report against staffing establishments agreed for April 2017/18 budgets.

There is only one ward that is > 1RN to 8 beds during the day, this being Violet Prince 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.

As mentioned in the previous report, the NICE ward ratio of 1RN to 8 beds does not take into account current skill mix changes and new roles that support ward nursing e.g. Assistant Practitioners Band 4, Discharge Liaison support workers Band 3.

To manage the challenge of recruiting to RN vacancies these skill mix changes are being supported nationally and now include the new role of Nursing Associates. Whilst the Trust will continue to use this benchmark, the Board will be appraised of skill mix changes that may affect this ratio.

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 Nights.

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

As with the previous benchmark this was reported in the previous 6 monthly Safer Staffing report (Oct 2016) against the 2016/17 budgeted staffing establishments and will be the same for March 2017.

Most of the general adult wards average percentage ratio of RN to HCA range from between:

RN	HCA	to	RN	HCA
65%	35%		53%	47%

However, one ward has a ratio of RN 4.1 HCA, this being the Acute Stroke Unit (ASU).

However, the staffing levels do take into account the acuity and dependency level of the patients and provides an average of one nurse for every three patients.

As mentioned above this ratio does not take into account skill mix changes and other roles that support nursing care delivery. These higher level support roles will have an effect on the RN to HCA ratios and this is now becoming recognised nationally.

The Trust has set up a Trainee Nursing Associate Project Board to oversee and manage the Project and this reports into the NMWPG as well as the Strategic Workforce Committee.

The Trust recruited 14 trainee Nursing Associates which started their training on 24 April 2017.

When advertised on NHS jobs, the new role had much interest and 90 people applied of which 30 people were shortlisted. Of the 14 successful candidates 10 were internal HCAs and this was received positively as supporting and retaining our existing workforce.

From September 2017 the new role will be suitable for the nursing Apprenticeship standards and therefore future cohorts would be recruited as Apprentices where they could potentially follow a 4 year training route to become a Registered Nurse.

The project group are presently mapping out against the HEE curriculum framework their individual training requirements, clinical skills and placements for the next 2 years.

5. 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.

At the end of March 2017 there are approximately 83 wte RN vacancies across the Trust. This data is sourced from Finance budgeted wte and does not include maternity leave or long term sickness.

The recruitment and retention group have detailed Recruitment and Retention Action Plans which are reviewed at the NMWPG and have supported many successful initiatives to recruit and retain RNs and HCAs.

RN vacancies continue to be a challenge and run higher than planned although this is consistent with the local and national picture. The risk is identified on the Trust's Risk register, risk ID: 1283 (Moderate risk 12)

The Trust has held several successful nurse Recruitment Open Days in January and April 2017 and these recruitment Open days will continue to run bi-monthly.

Tables 5 below and Tables 6 and 7 overleaf reflects the Divisional RN/Midwife/ODP budgeted establishments and contracted staff establishments including vacancies and turnover rate Dec 2016 – March 2017. These tables do not take into account vacancies due to maternity leave and long term sickness.

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The breakdown of RN/RM & ODP vacancies at the end of March 2017 in each Division against their contracted workforce numbers (including maternity leave) are:

Medicine: 55.3wte (9.5%)
Surgery: 27.7wte (6.4%)
Women and Children's: (-12.8 wte) (- 0.9%)

Note: Women and Children's are showing over-established in March 2017

Registered Nurse/Midwife & ODPs (wte) 2016-17

Surgery Division	Dec	Jan	Feb	Mar
Est	434.4	434.4	434.4	434.4
Contracted	403.3	407.0	402.7	406.7
Vac WTE	31.1	27.4	31.8	27.7
Vac %	7.2	6.3	7.3	6.4
T/O	1.8	3.4	2.0	5.8
Starters	4.4	9.1	5.5	6.6
Total Gap + Mat	41.0	33.5	39.5	40.3

(Table 5)

Medicine Division	Dec	Jan	Feb	Mar
Est	583.2	583.2	583.2	583.2
Contracted	539.6	538.7	530.8	527.8
Vac WTE	43.6	44.5	52.4	55.3
Vac %	7.5	7.6	9.0	9.5
T/O	4.5	8.4	3.8	2.5
Starters	6.2	14.3	3.0	5.0
Total Gap + Mat	55.2	50.9	68.3	71.7

(Table 6)

Women & Children's	Dec	Jan	Feb	Mar
Est	278.9	278.9	278.9	278.9
Contracted	286.5	284.7	281.2	281.4
Vac WTE	-7.6	-5.8	-2.3	-2.5
Vac %	-2.7	-2.1	-0.8	-0.9
T/O	1.5	2.3	2.4	2.1
Starters	1.0	0.0	2.2	2.0
Total Gap + Mat	10.3	12.9	13.7	12.6

(Table 7)

The medical Division has the largest workforce and therefore the highest number of vacancies. The Head of Nursing for Medicine has reviewed the International Recruitment campaigns during late 2015 and early 2016 and is supporting further work around this to support a decision in respect to a potential future International recruitment campaign. This is particularly relevant following the enhanced criteria to join the NMC Register and the effect on EU nationals following Brexit.

To support daily staffing on the wards the Divisional Duty Matrons review and manage staffing on a shift by shift basis with support from the Heads of Nursing. Staffing levels per shift are rated Red, Amber and Green (RAG) against optimum numbers as determined by the Heads of Nursing.

Professional judgement is used to support decision making to reflect skills, experience and patient acuity and dependency. Staff are deployed to wards which are deemed 'Red' and this will either be temporary staff or staff from other wards which are deemed to be 'Green'. Staffing levels are discussed at every operational Site Safety briefing and staffing levels and deployment is logged on daily staffing sheets and RosterPro.

A nurse staffing escalation Policy has been developed to support other nursing staff in the Trust being deployed at times of escalation and in addition an Emergency Department Standard Operating Procedure for staffing during escalation has also been developed.

If staffing levels are felt to be inadequate and all avenues have been explored the Director and/or Deputy Director of Nursing will review staffing across the Trust and only if required authorise non-Framework Agency nurses.

Staffing incidents reported via Datix are reviewed each month by the Heads of Nursing and presented in monthly reports to the Nursing and Midwifery Workforce Planning Group. Staffing incidents are also reported via the monthly Nursing Quality Indicators Chart and Exception report which is presented monthly to Quality Board and Board of Directors.

6. Nursing 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) has introduced the new role of Nursing Associate (Band 4).

The trainee Nursing Associates will undertake a 2 year Health and Social Care Foundation Degree against an HEE Curriculum Framework which will cover aspects within the changing needs of healthcare and will include external placements and experience of nursing 'at home' and 'close to home' to provide a more holistic type of training. The Nursing and Midwifery Council (NMC) have agreed to regulate Nursing Associates.

The Trust is a partner organisation of an HEE Pilot site to develop the new role of Nursing Associates within Bristol, North Somerset, South Gloucestershire and Bath (BNSSGB) which covers both Bath/Wiltshire and Bristol's Service Transformation Plan (STP) patches. The University West of England (UWE) is providing the formal education requirement.

7. New roles and ways of working

Earlier in this report the Board were informed of the Trust developing the new Nursing Associate roles and to coincide with this work the Project group have commissioned a piece of work to provide clarity and stretch the scope of clinical skills of our other care staff Bands 2 – 4. This is to ensure that The Trust maximises the benefits and capabilities of existing roles, for example the Assistant Practitioners who are Band 4. The new Nursing Associate role has given the Trust a better understanding of what clinical skills a Band 4 care staff could undertake.

Presently the Trust is piloting Band 5 Physiotherapists working as part of ward nursing teams and covering RN vacancies. The Physiotherapists are on a 1 year rotational scheme and are trained to undertake nursing duties similar to that of an RN. This new role has been placed in wards where Physiotherapy and rehabilitation is vital. The Head of Allied Health Professionals and Matron in Medicine are overseeing this pilot and will be evaluating the success of the role.

The NMWPG are keen to explore new roles and new ways of working and will consider other roles e.g. Pharmacist, particularly if their skills are appropriate to the ward speciality and patient needs.

8. 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 5 nursing risks, the highest risk currently registers nurse vacancies on Parry ward which are approximately 11.43wte of which 7.0wte are RNs. All other risks are moderate risks, as overleaf:

Author: Jan Lynn , Lead Nurse Workforce Development and Education	Date: 26th June 2017
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ID: 1428 Parry ward staffing due to vacancies	Score:15
ID: 1283 Availability of nursing workforce to manage capacity (Trust-wide)	Score:12
ID: 943 Lack of staffing / equipment for HDU beds on Children's ward	Score:12
ID: 907 Risk of not using non-framework agencies and risk to staffing	Score:10
ID: 1100 Maternity staff sickness	Score:10

9. Nurse and Midwifery staffing expenditure

This financial year's position as of month 12 (March 2017) for nurse and midwifery staffing shows an overspend position of £954,000 (Table 9).

This variance is an increase on the previous year 2015/16 (Table 8), therefore the Heads of Nursing and Divisional leads have reviewed their overspends against budgets. The Heads of Nursing have stated the challenge with covering RN vacancies and Bank and Agency costs, particularly so in the Medical Division which increased their overspend position this year by £112,000 from last year. The Heads of Nursing also noted the additional cost pressure with having to consistently staff bed escalation areas, throughout 2016/17.

The Surgical Division made good progress with reducing their overspend position from last year, plus the additional investment in critical care was added into the budget.

Women and Children's Division has recruited well into their vacancies over the last year and this has notably brought their pay costs up, yet still maintaining a marginal underspend position at year end.

Division	2015-16	M12 2015-16		M12 2015-16		
	Budgeted WTE	Worked WTE	Variance WTE	Budget (£)	Actual (£)	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	-9	15,366,294	14,456,763	-909,531
Total	1,792	1,814	22	64,150,479	64,705,880	555,401

(Table 8)

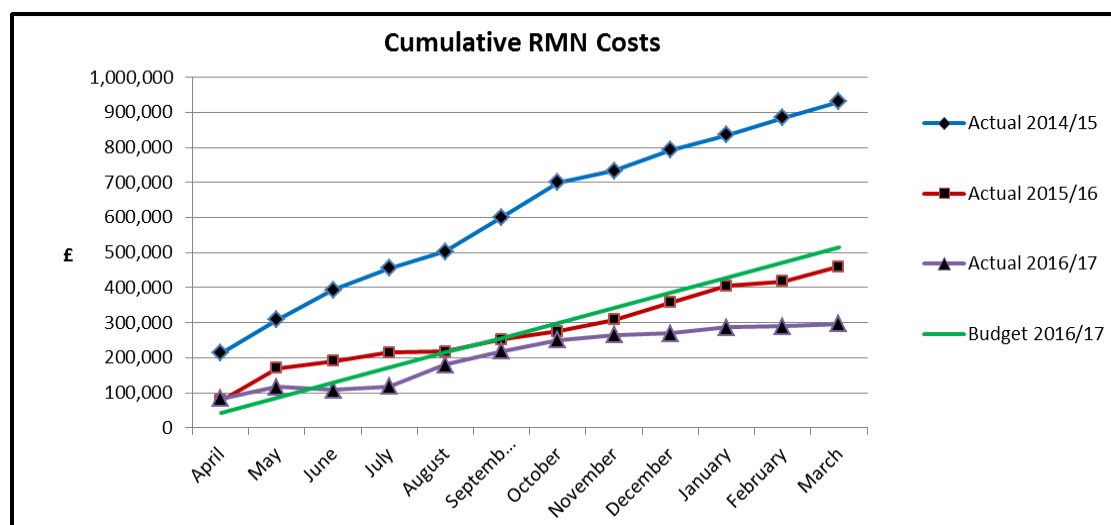
Division	2016-17	M12 2016-17		M12 2016-17		
	Budgeted WTE	Worked WTE	Variance WTE	Budget (£)	Actual (£)	Variance (£)
MEDICAL DIVISION	882	882	0	31,216,896	31,728,879	511,983
SURGICAL DIVISION	573	583	10	20,599,489	21,044,194	444,705
WOMEN AND CHILDREN'S DIVISION	366	362	-4	15,165,313	15,162,239	-3,074
Total	1,821	1,827	6	66,981,698	67,935,312	953,614

(Table 9)

8.1 Registered Mental Health Nurses (RMNs)

The Trust is working in partnership with Avon and Wiltshire Partnership (AWP) Trust and employs a full time Mental Health Practitioner to review, assess and plan the care for patients who require mental health support. The Mental Health Practitioner has worked with AWP and the Trust nurse Bank to increase the supply of RMNs and mental health support workers and this has had a positive impact on the wards as well as supporting the reduction of spend on agency RMNs.

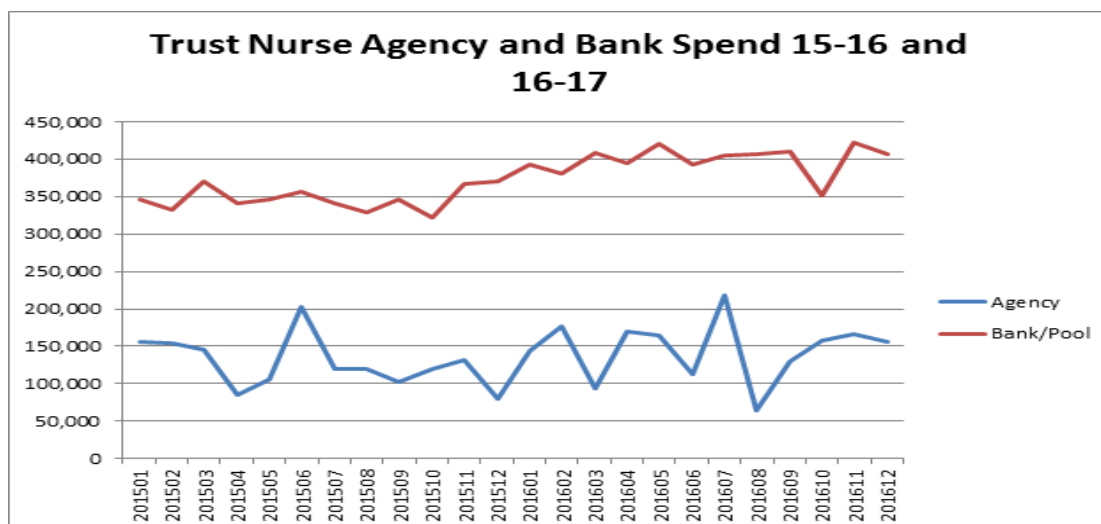
This in conjunction with a robust agency authorisation process this has reduced the overall spend on agency RMNs year on year and Graph 1 demonstrates the progress to date and underspend.



(Graph 1)

8.2 Agency and Bank spend

The analysis of nursing agency, bank costs (Graph 2 overleaf) demonstrates a rise in demand for nursing hours over the last year and an increase in Bank staff spend.



(Graph 2)

The nurse Bank has positively recruited over the year and increased its numbers of Bank staff. This has helped to meet the demand and fill nursing gaps on the rotas and also reduce the reliance on Agency RNs.

The Agency costs whilst variable are fairly consistent. The Agency spend for 2016/17 compared to 2015/16 is shown in table 9 below.

	Current Year Agency Spend 2016/2017	Current Year Bank Spend 2016/2017	Last Year Agency Spend 2015/2016	Last Year Bank Spend 2015/2016	Previous Year Agency Spend 2014/2015	Previous Year Bank Spend 2014/2015
April	221,378.00	346,116.00	233,445.00	303,592.00	388,116.00	265,423.00
May	210,477.00	327,513.00	254,430.00	283,655.00	323,809.00	226,172.00
June	84,941.00	352,332.00	165,867.00	327,852.00	356,265.00	251,482.00
July	169,005.00	357,217.00	109,803.00	301,284.00	357,334.00	259,104.00
August	228,364.00	370,680.00	109,649.00	302,485.00	267,023.00	276,251.00
September	130,328.00	372,444.00	235,823.00	316,472.00	265,096.00	262,753.00
October	244,343.00	364,454.00	85,579.00	295,731.00	231,931.00	257,971.00
November	69,984.00	372,434.00	176,698.00	308,461.00	187,555.00	259,893.00
December	134,357.00	369,704.00	141,815.00	311,223.00	194,870.00	287,659.00
January	174,263.00	311,647.00	165,624.00	277,274.00	150,808.00	238,672.00
February	169,824.00	378,105.00	138,324.00	332,284.00	173,357.00	269,308.00
March	163,272.00	366,285.00	119,659.00	321,930.00	212,632.00	263,340.00
TOTAL	2,000,536.00	4,288,931.00	1,936,716.00	3,682,243.00	3,108,796.00	3,118,028.00

(Table 9)

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.

8.3 NHSI Agency Nursing rules and compliance

The NHSI agency price 'cap' was introduced initially for nursing staff from October 2015 and the rules then progressed to include setting annual price ceilings for the amount of agency spend.

The nursing rules include:

- Mandatory use of frameworks for procuring agency staff; and limits (cap) 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 Trust process for booking Registered Nurses (RNs) via agencies is to prioritise NHSI 'Framework' agencies who can supply within the NHSI price cap, however agencies that are within the price cap are unable to meet the demand for RNs and the majority of our agency bookings are with agencies who supply nurses above the price cap.

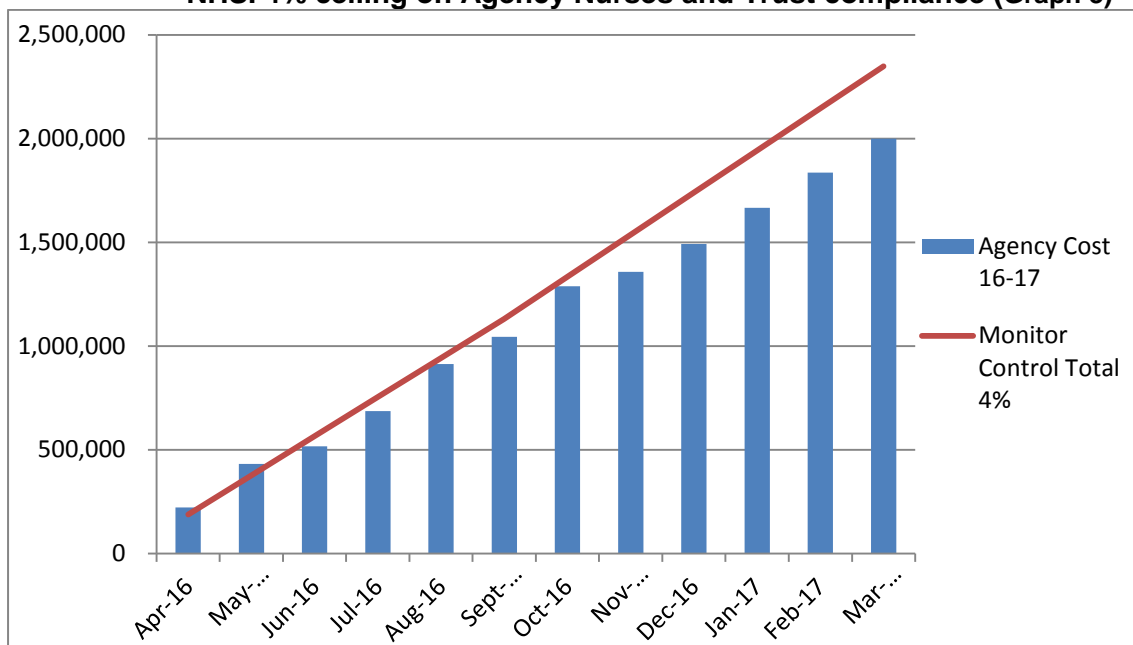
The use of non-Framework agencies is minimal and the authorisation process remains robust via the Director and Deputy Director of Nursing and Midwifery.

The Trust is a partner organisation of an established Bristol, Bath and Weston Agency Consortium regarding nursing agencies. The Consortium is in the process of tendering for nursing agencies.

The Trust came within the NHSI annual nursing agency ceiling 2016/17 and Graph 3 below shows the month on month review of spend against the 4% ceiling of our overall spend on nursing.

This financial year 2017/18, the ceiling reduces to 3% which will be a challenge to achieve this coming year. It is anticipated the tender process will have a positive impact on the Trust's ability to meet the price cap and reduce the overall spend on nursing.

NHSI 4% ceiling on Agency Nurses and Trust compliance (Graph 3)



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 progress on staffing actions following the CQC Inspection in March 2016
- Note the staffing levels measured against national recommended benchmarks
- Note the RN vacancies position and recruitment and retention actions in place to close the gaps
- Note the 5 highest nursing and midwifery workforce risks on the Trust's risk register
- Note the 2016/17 year-end financial position and actions taken to control expenditure