

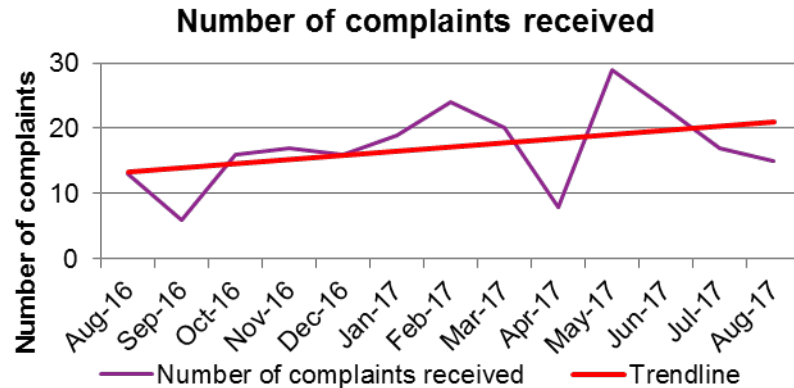
Report to:	Public Board of Directors	Agenda item:	7
Date of Meeting:	27 September 2017		
Title of Report:	Quality Report		
Status:	For discussion		
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery Tim Craft, Medical Director		
Author:	Lisa Cheek Deputy Director of Nursing and Midwifery		
Appendices	Appendix A - Nursing Quality Indicators Chart		
1.	Executive Summary of the Report		
<p>This report provides an update on quality with a focus on patient experience and key patient safety and quality improvement priorities reviewing August 2017 data.</p> <p>The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the 2017/18 Patient Safety and Quality Improvement Triangle. Other items will be reported on an exception basis.</p> <p>This month the report focuses on:</p> <ul style="list-style-type: none"> • Part A - Patient Experience: <ul style="list-style-type: none"> ○ Complaints and PALS monthly activity data • Part B – Patients Safety priorities <ul style="list-style-type: none"> ○ Falls ○ NatSSips ○ Improving Insulin safety • Exception reports: <ul style="list-style-type: none"> ○ Serious Incidents (SI) monthly summary and Overdue SI Report summary ○ Nursing Quality Indicators Exception report 			
2.	Recommendations (Note, Approve, Discuss)		
To note progress to improve quality, patient safety and patient experience at the RUH.			
3.	Legal / Regulatory Implications		
It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).			
4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)		
A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.			
5.	Resources Implications (Financial / staffing)		
Delivery of the priorities is dependent on the continuation of the agreed resources for each project.			

6.	Equality and Diversity
Ensures compliance with the Equality Delivery System (EDS).	
7.	References to previous reports
Monthly Quality Reports to Management Board and Board of Directors	
8.	Freedom of Information
Public.	

QUALITY REPORT

PART A – Patient Experience

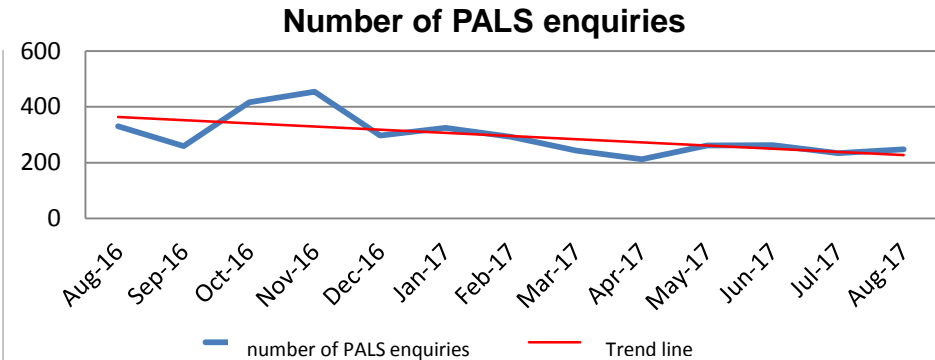
Complaints and Patient Advice and Liaison Report



There were **15 formal complaints** received in August. 5 (Medicine) 8 (Surgery) and 2 (Women & Children's) .

- **Clinical care and concerns** - 12 of the complaints referred to clinical care and concerns. 6 (Surgery); 3 (Medicine); 1 (Women & Children).
- **Communication/information** – 6 complaints were related to communication and information. 4 (Medicine), 1 (Surgery) and 1 (Women's & Children's).

Complaint response rate by Division	Division			Total
	Surgery	W&C	Medicine	
Closed within 35 day target	5 (83%)	0 (%)	4 (50%)	9 (60%)
Breached 35 Day target	1 (17%)	1 (100%)	4 (50%)	6 (40%)
Total	6	1	8	



There were **248 PALS contacts** in August compared with **234 in July**.

- 96 required resolution (39%)
- 130 requested information or advice (52%)
- 15 provided feedback (6%)
- 7 were compliments (3%)

The **top three subjects requiring resolution** were:

- **Communication and information** – there were 29 contacts relating to communication and information; 22 required general information over a cross-section of 10 clinical services, 1 related to poor or inappropriate information, 1 about a lack of clear explanation.
- **Appointments** – there were 23 enquiries in relation to appointments; 5 required information about existing appointments, including making changes. 8 were about cancellations, 7 about the length of time for new appointments and 3 about follow-up appointments.
- **Clinical care** – 20 contacts requesting resolution of issues related to clinical care concerns. 17 of them were general and referred to 11 clinical service areas.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement

5
Patient Safety
Priorities

Falls (1)
Clostridium difficile (1)
Acute Kidney Injury (AKI) (2)
National Early Warning Score (NEWS)(2)
Sepsis Inc. Anti- Microbial Resistance (2)

5
Executive
sponsored projects:

Movement of Patient's Location (1)
Pressure Ulcers (1)
National Safety Standards for Invasive Procedures (NatSSIPS) (2)
Emergency Department Safety (3)
Improving Insulin Safety (3)

Executive Sponsors

- (1) Helen Blanchard, Director of Nursing and Midwifery
- (2) Tim Craft, Medical Director
- (3) Francesca Thompson, Chief Operating Officer

Patient Safety – Falls work stream report

Helen Blanchard

Background

Reduction in falls is one of the Trust’s safety priorities. A trust wide Falls Improvement programme was launched 19 June 2017. Figure 1 shows performance for the total number of inpatient falls. Analysis of falls data since the launch in June shows a reduction in falls in the period June to August.

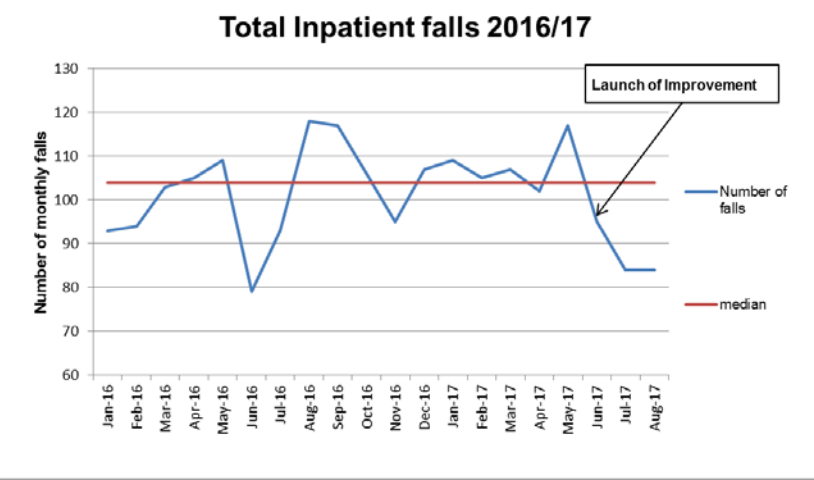


Figure 1
Figures 2 and 3 show comparison with national data.

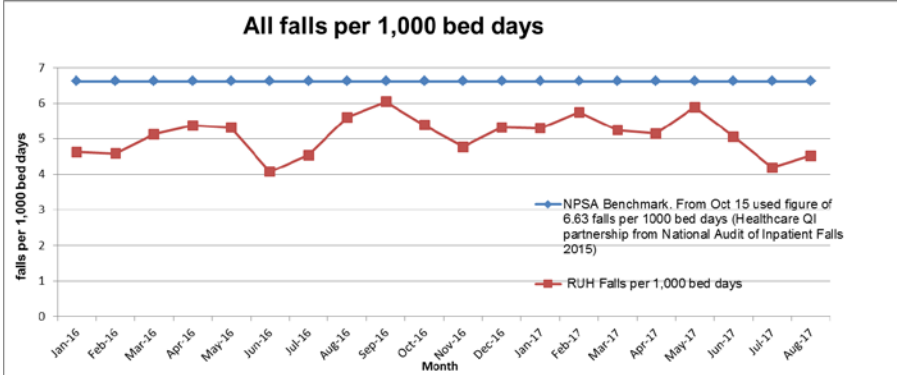


Figure 2 The Healthcare Quality Improvement Partnership proposed a benchmark of 6.63 falls/1000 bed days in October 2015.

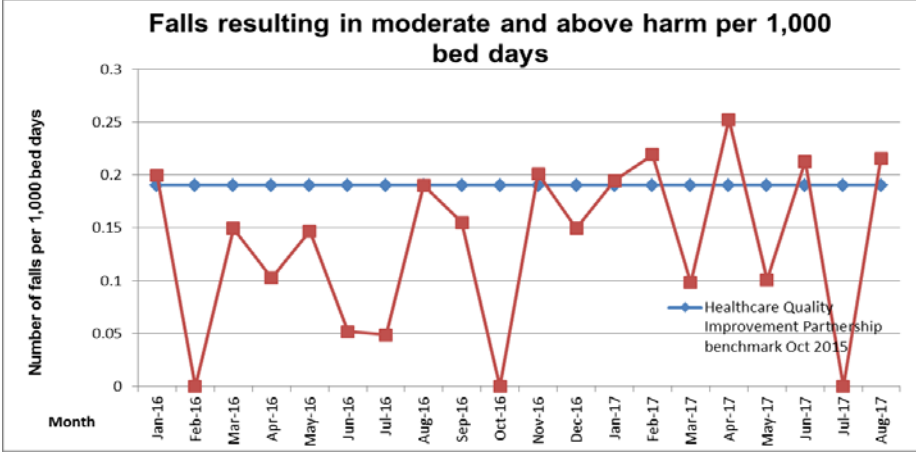


Figure 3
The outcome measure for the Improvement programme is a 10% reduction in all falls by April 2018. Figure 4 shows the cumulative number of falls for June 2017-2018 plotted against the 10% reduction target based on the same period for 2016-17.

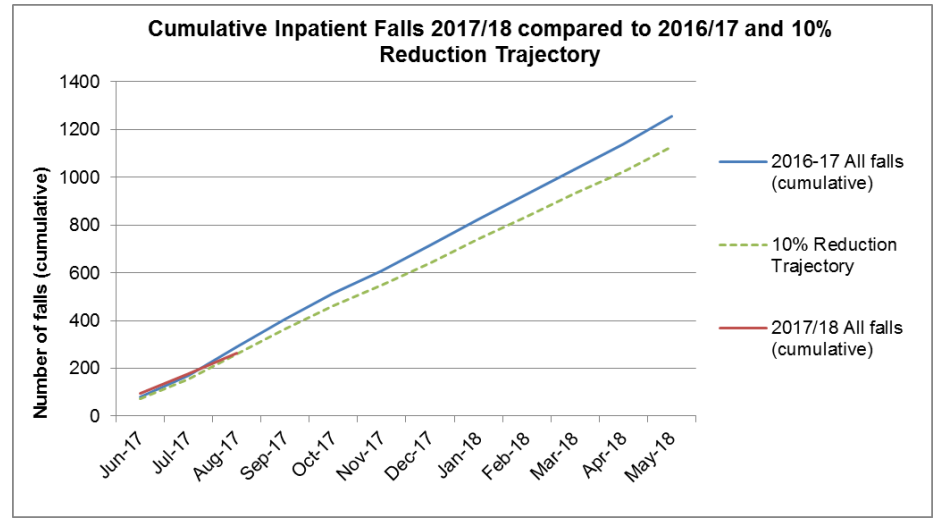


Figure 4

Patient Safety – Falls work stream report

Helen Blanchard

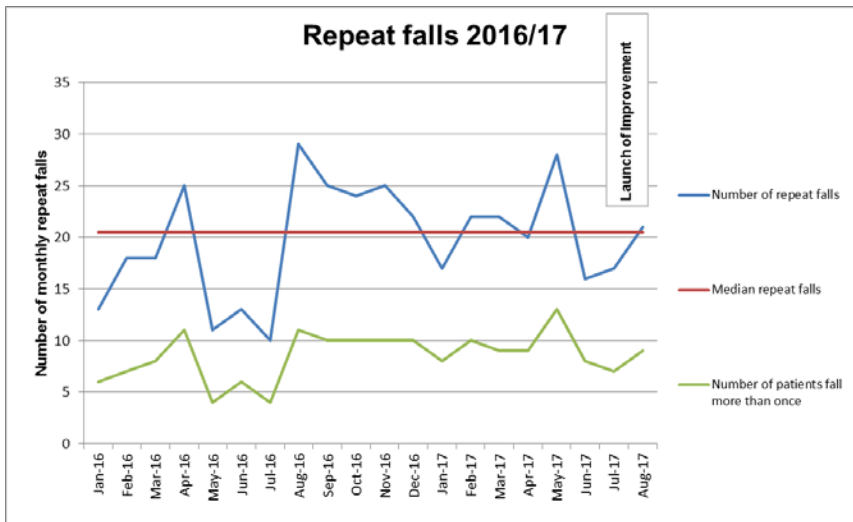


Figure 5

Figure 5 shows the number of repeat falls and the number of patients who have fallen more than once. Reduction in the number of repeat falls is a high focus for the Falls Improvement programme.

Falls Improvement programme

The aim of the Falls Improvement programme "It takes us all to stop a fall" is to provide assurance that the falls prevention pathway is robust and staff have access to the most appropriate interventions to prevent wherever possible patients falling and experiencing harm. The Improvement programme is multidisciplinary (MDT) and includes:

- A revised electronic falls risk assessment to meet NICE guidance, post falls documentation and SWARM process – an immediate post falls review of every fall by the MDT.
- Enhanced Observation - an MDT approach to the supervision of patients at high risk of falls aiming to ensure that appropriate observation is provided at all times.
- Standardised process to review high risk medications, cognitive impairment and lying and standing blood pressure measurement.

Table 1 shows performance for some of the key process measures:

Measure	Target	Baseline (May 2017) (21 wards)	August 2017 (18 wards)
Leaf magnet is present on the white board to indicate falls risk	95%	59%	99%
Leaf magnet is present on the above bed board to indicate falls risk	95%	48%	74%
Completion of the Falls Prevention Care Plan	95%	79%	93%
Completion of the Post Falls Assessment and SWARM	95%	N/A (new form)	87%

Table 1

Next steps:

A working group with Senior Sisters from OPU have evaluated and refined the Enhanced Observation tool and process for use. This includes making it an integral part of the daily assessment process and will be launched as part of a trust wide launch of new Nursing plans of care 3 October.

In addition there has been a review of the bedrail tool and the updated version will again be launched on the 3 October.

A bid has been submitted to Health Education England South West Simulation Network (HEESWSN) for allocation of £25,000 to support Falls simulation training by members of the Falls steering group. The team have been shortlisted and will present to the panel on 20 September.

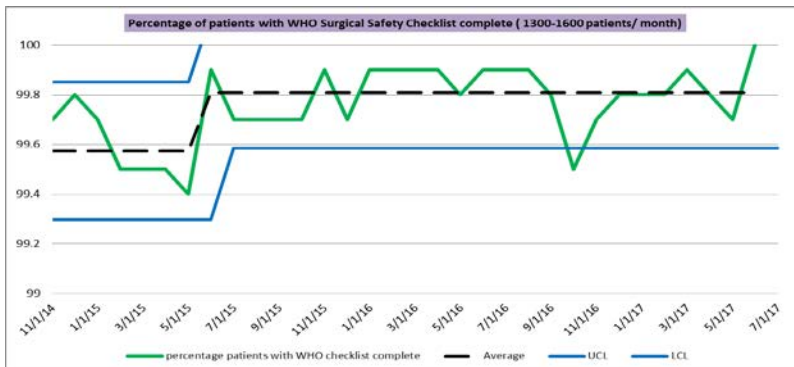
The Falls group are developing a process to be implemented 1 November whereby all patients who have a repeat fall, in a ward outside of OPU, will be reviewed by an Elderly Care or Medical Registrar. In addition from 1 November the team will be testing on Respiratory ward a process whereby all patients who have a fall on will be reviewed by an Elderly Care or Medical Registrar. The effectiveness of this process in preventing repeat falls will be measured.

National Safety Standards for Invasive Procedures (NatSSIPs)

- Local policy for all procedures (LocSSIPs) has been approved by divisional governance committees and is awaiting final approval by Medical Director
- Most areas are now testing a checklist for all agreed procedures included in the LocSSIPs.

Compliance with checklists used within operating theatres:

Compliance with the WHO Checklist in all operating theatres remains 99.8% of all patients undergoing surgery in the last quarter (1300-1600 patients) and was 100% in July 2017. See run chart below.



Pre-list briefing occurs in 99.7% of elective cases, including maternity and paediatric cases.

2 observational quality audits are performed in each theatre per week, including observation of checklist for out of hours procedures. These have demonstrated excellent quality in 98% of observations and any themes are used to continue with improvements.

The high quality of the checklist is demonstrated by the RUH not having any 'Never Events' in operating theatres for over 5 years.

The work was acknowledged nationally a finalist in the HSJ/NT Patient Safety Care Awards in 2017 and 2016 and was commented on by the judging panel in 2017 as being an exceptional achievement



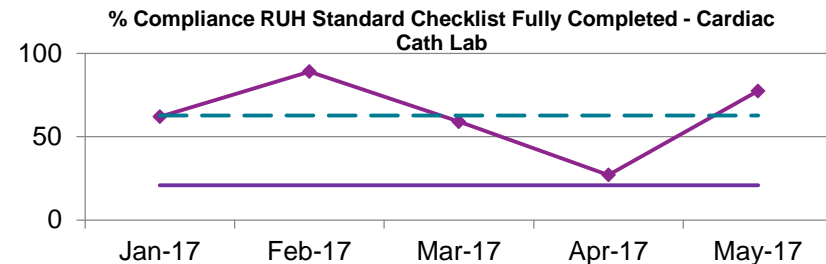
Progress on checklist implementation for procedures outside of operating theatres:

Gastroenterology:

Electronic recording has been established on Endobase for all procedures and data is awaited from BIU. 83% compliance for February 2017

Cardiac Cath Lab:

Compliance has been recorded from random note reviews; 77% for May 2017. 96% had a checklist performed but only 77% were fully completed with the sign out being the commonest part omitted. Further work has commenced to address this.

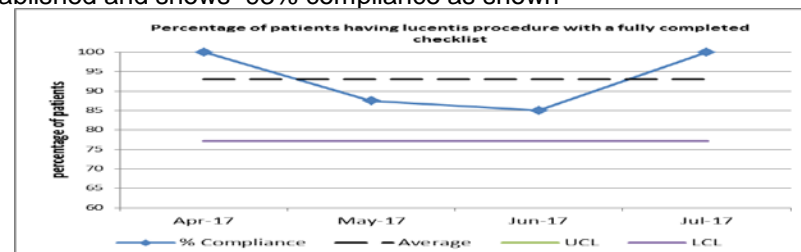


Radiology

Checklist is well embedded for Interventional Radiology (IR) procedures and was used in 96% cases between Sept-November 2016. Compliance was less reliable for CT and Ultrasound at 82% and 21% respectively up to Feb 2017. This identified that the specific radiology checklist for IR is not suitable for these simpler procedure and the standard outpatient checklist may be more appropriate. Regular monthly data collection is being investigated, which requires IT support

Ophthalmology

Compliance of checklist use for outpatient Lucentis injections has been established and shows 93% compliance as shown

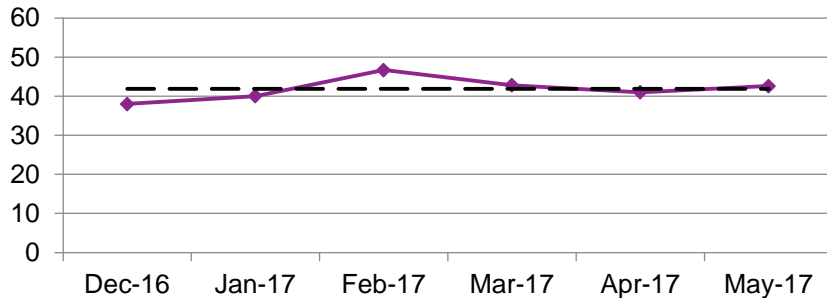


Emergency Department

ED are using the standard checklist with a current compliance of 40%.

Compliance is lower than expected and may be a lack of documentation rather than non compliance with performing the checklist. Implementation of First Net in November is planned to address this.

% of patients with WHO checklist performed in ED



Outpatient Areas

Quality observational audits were performed in Urology, and were excellent. Visits are planned for Breast Unit, Pain Clinic, NICU, ICU and Dermatology. Electronic recording for compliance is being investigated as part of the development of the process in each area. This is still awaiting support from IT.

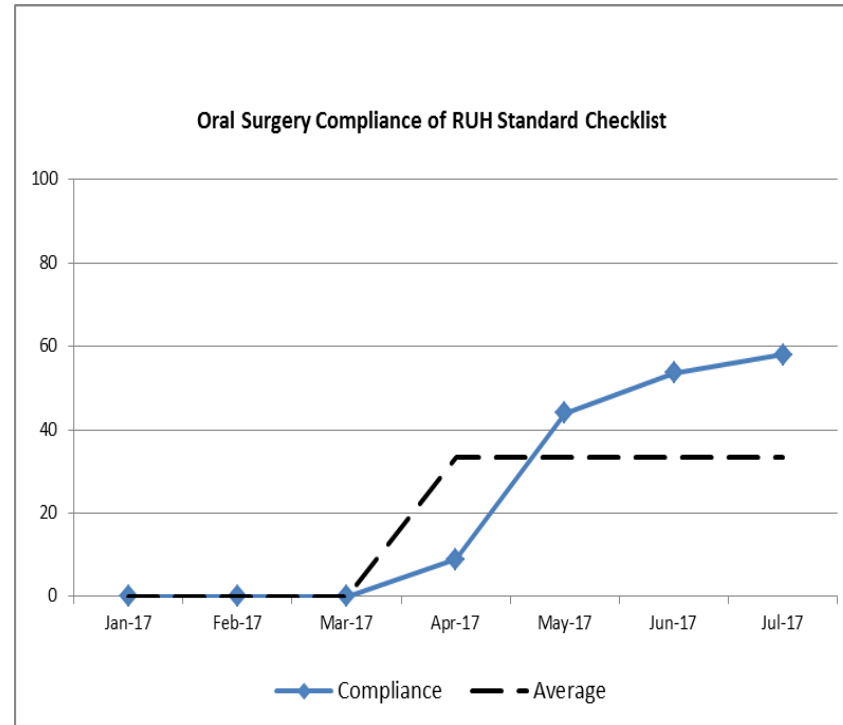
Oral Surgery:

In July 2017 585 patients had a full checklist documented which is improving. Low compliance is mainly due to accuracy of recording the compliance, which is also awaiting IT support to add to Millennium. Further observational quality audits are planned for reassurance .

Ward Based Procedures:

The checklist is being tested for procedures and Compliance data is awaited. Quality audits are also planned. There has been excellent engagement with the clinical teams to develop the processes and checklist.

Oral Surgery Compliance of RUH Standard Checklist



Executive Sponsored Project – Improving Insulin Safety Francesca Thompson

Insulin Safety Workplan		Components and Actions	
Task Ref	Primary Drivers	Secondary Drivers	Progress to date
1.1	Co-ordination of care from admission to discharge	Medicines reconciliation	Pharmacy staff to ensure robust documentation of insulin.
1.1.1		MMTs to ensure good insulin documentation	
1.2		Prescribing	Doctors identified to support development of an education programme for doctors
1.2.1			100% junior doctors to complete e-learning
		Dispensing	Dispensary staff to review better more timely process for supply
1.3		Insulin administration	NHS Quest project complete
1.3.1		Reduce insulin administration errors in adult patients with diabetes by 75%	Data collection continuing on 5 wards including number of insulin administration errors per ward (Cardiac, Robin Smith and ASU). Target of 75% reduction in insulin
1.3.2		MMTs audit safety thermo (missed critical med)	Currently done over 10 wards each month using APP
1.4		Discharge Planning / Documentation	
2.1		Standardisation of operating procedures	Identify key risks and errors
2.2	Self-administration		A self administration Insulin protocol consisting of assessment and patient held care plan has been designed and implemented on the three wards. On average 3 patients at any time are using it. Patient and
2.3	EPMA design		Design meeting concluded and testing
2.4	Streamline IT resources		

Background

Improving Insulin safety is one of the Safer Six Patient Safety priorities. The NHS Quest IS4L project was part of the trust's insulin safety programme and is now complete. Due to the high risk with insulin therapy, safety work will continue and a work plan is under review by the Insulin taskforce to identify other key areas for improvement.

Next Steps

To identify any other safety work required as part of the insulin taskforce workplan.
Develop relevant reports from the EPMA system
Scope the use of an APP (Di-appbetes)

Executive Sponsored Project – Improving Insulin Safety Francesca Thompson

Insulin Safety Workplan		Components and Actions	
Task Ref	Primary Drivers	Secondary Drivers	Progress to date
3.1	Support ward staff to care for patients who use insulin	Access to ADT	
3.2		Nurse / pharmacist / Dr Education	The link nurse role is working well on all three wards including the workbook and competencies that have been developed. Cascade training is used and records maintained on ESR. In addition a mandatory eLearning resource of the Safe use of insulin has been developed and implemented for all nursing, medical and pharmacy staff. The number trained has 718 staff (55% of target staff as reported from ESR).
3.3		Link Nurse Role to be implemented across the Trust	Working well on Cardiac Ace and Robin Smith. Will need to expand to other wards
3.4		Streamline referrals to ADT	
4.2	Audit and Assurance	Review national Diabetes Audit compliance	Completed - report to CGC
4.3		MMTs med safety thermometer (high risk med)	Critical meds omitted doses monitored across 10 wards
4.4.1		Medicines advisory group	Review insulin errors reported on Datix
5.1	Documentation	New insulin chart	Implemented trust wide
5.2		Guidelines to be held in one place on intranet	Needs review of all guideline trust wide first
5.3			
5.4		EPMA design for safety	Design complete and Go live November 2017
5.5			
5.6		Safety Bulletin to be produced re key learning points concerning adult treatment	Bulletin almost complete
6.1	Links with Primary care	Identify primary care pharmacist	Link with Pharmacist in Banes identified. Pharmacist will be invited to attend taskforce

Work plan

A revised work plan is being developed to provide a focus for the next phase of work. This work plan will be assessed against the national benchmarking data to identify any gaps for improvement.

Initial actions include:

- All Trust policies and guidelines involving insulin / diabetes will be reviewed to ensure a consistent approach.
- EPMA safer design of insulin prescribing and administration to be tested by Diabetes link nurses and junior doctors
- All insulin prescriptions treated as urgent within pharmacy
- Data collection to continue on Stroke, Cardiac, Robin smith
- Spread the learning from the insulin administration safety work to new wards from September

Patient Story themes update:

- Staff training on pumps – training plan to be developed
- Patient held leaflet regarding pumps to be considered
- IT flag – to be explored by newly appointed Project Nurse (secured by NHSE 1-2 year funding)
- 7 Day Service – Clinical Lead will work with newly appointed Ward Manager to discuss weekend expertise arrangements

Serious Incident (SI) Summary

Helen Blanchard

Current Performance

During August 2017, six Serious Incidents were reported and these remain under investigation.

Each incident was discussed with the patient and their family and they are aware of the investigation, in line with the Duty of Candour framework.

Date of incident	Datix ID	Summary
02.08.17	55547	Fall resulting in a head injury
13.08.17	55804	Fall resulting in a fracture
14.08.17	55815	Fall resulting in a head injury
18.08.17	55969	Unexpected death
18.08.17	55984	Fall resulting in a fracture
28.08.17	56218	Failure to follow the child safeguarding process

Overdue Serious Incident reports summary

Helen Blanchard

The drive to reduce the number of overdue SI reports will continue this year, to a target of zero overdue reports.

As of 8 September 2017, there are 16 Serious Incidents that remain open. Of these, two incident reports are overdue for submission to the Clinical Commissioning Group by the agreed due date; however, the investigation reports are due for submission to the Operational Governance Committee this month. The relevant CCGs are aware of the planned date for submission.

The investigation has been completed for a further five of the 16 incidents. Any delay in providing a final report is escalated to the relevant Divisional Management team, for the identification of what further support can be provided to the investigator to enable them to completing the investigation and draft the report.

The Operational Governance Committee monitors the progress against the action plans developed following the investigation and at the August OGC meeting, the status was:

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Outstanding action plans	14	14	19	8	9	17	21	22
Outstanding actions	23	32	29	15	13	33	49	44

The Risk Management team continues to provide reminders and support to assist in the completion and closure of actions and the Heads of Nursing and Divisional governance leads are notified of the responsible managers who require support to complete their actions .

The review of outstanding actions is now included in the Divisional Performance review.

Nursing Quality Indicators - Exception Report

Helen Blanchard

Areas of focus

The Nursing Quality Indicators chart is attached as Appendix A. Three wards have flagged this month as having nursing quality indicators of note (below).

Philip Yeoman Ward (elective orthopaedics)

This is the third time this ward has flagged in the last 4 months.

Quality matrices to note are:

- RN sickness 12.8%
- RN % day and night fill rate <90%
- Care staff % day and night fill rate <90%
- x2 Category 2 pressure ulcers

RN sickness has been a combination of long and short term. These are all being managed in line with Trust policy.

There are currently 2.0 wte Registered Nurse vacancies with 1 new Registered Nurse starting in post in September.

As an elective orthopaedic ward staffing levels are appropriately adjusted to match patient occupancy i.e. low occupancy at the weekends. There was 1 Datix staffing report this month.

Pierce Ward (Orthopaedic Trauma)

This is the second time this ward has flagged in the last 3 months.

Quality matrices to note are:

- FFT response rate 27%
- RN sickness 6.3%
- HCA sickness 5.7%
- RN appraisal 77.8%
- HCA Appraisals 78.6%
- RN % day and night fill rate <90.0%

Pierce Ward cont:

The ward Senior Sister has been encouraging all members of the ward team to distribute the FFT cards however the response rate is still below target. The Senior Sister will review this again with her staff to improve the % of cards being returned.

% staff sickness (month lag), is all being managed as per Trust policy and at the time of this report is not flagging on the HR report.

There are currently 5.12 wte Registered Nurse (RNs) vacancies. Some new RNs have started in post in September and there are a further 2 RNs appointed, to start over the next few months. There are no Health Care Assistant (HCA) vacancies, and the Senior Sister has over-recruited HCAs to support staffing numbers and patient care delivery.

The Senior Sister is targeting staff appraisals and has developed a plan of when these will be completed.

Medical Assessment Unit

This is the first time this ward has flagged in the last 6 months.

Quality matrices to note are:

- FFT response rate 14%
- 1 nursing related formal complaint
- HCA sickness 8.4%
- HCA appraisal rate 76.0%
- RN % day and night fill rate <90%

The Senior Sister has reminded her staff to improve FFT response rates and will monitor this to ensure ongoing compliance.

Nursing Quality Indicators - Exception Report

Helen Blanchard

Medical Assessment Unit cont:

The Senior Sister is investigating and responding to the formal complaint and will address any staff related issues.

There is HCA long term sickness, which is being managed as per Policy and the Senior Sister is supported by HR with regular meetings to manage staff sickness.

The Senior Sister has a plan in place to address staff appraisals being completed.

There are presently 7.9 wte RN vacancies and where appropriate HCA numbers have been increased to support patient care delivery. Recruitment is being positively managed and staff are due to start in post over the next few months thereby anticipating an improved position by October.

To note:

It is pleasing that two wards which flagged last month, William Budd Ward (Oncology) and Pulteney Ward (General Surgery) have improved their quality indicators and have not flagged this month.

These wards will continue to be closely monitored and supported to maintain/improve performance as per the new nursing quality indicators Escalation Framework (reported to Board last month).

Other quality indicators of note:

C. Difficile: there were 2 cases of C.Difficile last month. Both of these have had RCA investigations completed and there were no similar factors identified that could be linked to these cases.

Falls: the number of falls this month is fairly consistent with last month, at 86 falls across the Trust. More detail is provided to the Board in the Falls update report within this Quality report.

Pressure ulcers: There were three category 2 pressure ulcers this month. They were all heel ulcers, two of which were on the same patient. These have all undergone RCA investigations and will be discussed at the next Tissue Viability Steering Group to address any further actions.

Currently the number of hospital acquired pressure ulcers are within the target trajectory set for improvement this year and it has been 240 days since the last hospital acquired category 3 and 4 pressure ulcer was reported.

Nurse staffing report

Helen Blanchard

Background

Registered Nurse (RN) vacancies have been an issue of concern for the Trust since Feb 2016 when it was highlighted on the Trust's Risk Register. This risk (ID 1283) presently scores at 16 (high).

RN recruitment is a challenge for many Trusts nationally and earlier this year the NMC publically announced that for the first time in history more nurses are leaving the profession than joining. Worryingly they also reported an increase in the numbers of nurses leaving the profession under the age of 40yrs.

The top 3 reasons cited for leaving the profession are:

- Working conditions
- Change in personal circumstances
- Disillusionment of care provided

Other contributory factors on nurse retention are:

- NHS pay cap and increase in Pension contributions
- NHSi Agency controls
- NMC criteria (IELTS) for International Nurses going on to Register
- Removal of Bursary for nurse training (Sept 2017), although student numbers at our local HEI this year are similar to last commissioned year.

Current status – July 2017

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

- | | |
|------------------------|------------------|
| • Medicine | 81.0 wte (11.9%) |
| • Surgery | 41.9 wte (9.6%) |
| • Women and Children's | 10.7 wte (3.7%) |

Registered Nurse staffing has been a challenge over the summer holiday period, particularly when there is reduced availability of Bank and Agency staff. The RN % fill rate is noted on the Nursing Quality Indicators chart (Appendix 1). To support patient care delivery on the wards there has been an increase of HCAs to ensure that staffing numbers are sufficient.

Actions being taken:

There are established Recruitment and Retention Action Plans in place which Are regularly reviewed and updated. Some of the key actions already undertaken include:

Recruitment

- Recruitment Open Days (6 this year)
- Supporting Return to Practice and Return to Acute Care Programmes
- Reviewing and changing skill mix e.g. Physio role and Band 3-4 non-Registered roles
- Positive recruitment of HCAs and where appropriate over recruiting to ensure staffing numbers are sufficient. (Chart 1 overleaf)
- Scoping staff incentives for additional work including Bank rates
- Advance Agency bookings
- Corporate and Specialist Nurses working a clinical shift a month

Retention

- Internal Transfer Scheme
- Preceptorship Lead supporting new RNs in practice
- Bands 2 – 4 Development Pathway developed
- Promoting Sponsorship for non-Registered staff to undertake RN training
- Band 6 Apprenticeship Leadership Development Programme developed in Critical Care
- Over 50's Retention Focus Group held
- Investing in Nurses and Midwives CPD (Charitable Funds)

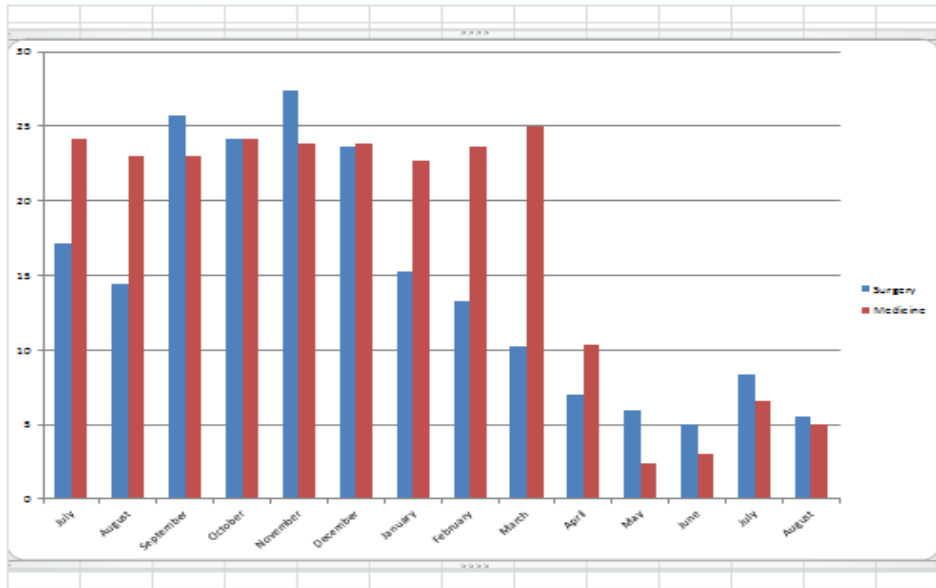
Nurse staffing report

Helen Blanchard

Recruitment status:

HCA recruitment is really positive and by the end of October most wards will have filled all their vacancies. Ongoing recruitment will continue as planned to manage attrition and where appropriate will over-recruit to cover RN gaps (Chart1 see below).

Healthcare Assistant vacancies 2016-2017



Version 1 SS 23/05/2017

continue this trend a Recruitment Open Day was held on September 14th as part of a series of planned targeted advertising recruitment campaigns.

The HoN for Medicine is preparing a Business Case for Management Board (Oct) to propose International Recruitment to in light of the RN gap. This will need consideration due to the issues around the level of support required for International nurses as well as additional cost pressures.

Recruitment Pipeline July – October 2017

The numbers of RNs and HCAs appointed into the Trust are encouraging, see below Table 1:

New starters (July-Oct 2017)

	Registered Nurses	Healthcare Assistants
July	6	6
August	14	8
September	27	7
October	10	6
Total	57	27

(Table 1)

Monitoring arrangements

The Trust has an established Trust wide Nursing and Midwifery Recruitment and Retention Group that reports into the Nursing and Midwifery Workforce Planning Group (NMWPG) which is chaired by the Director of Nursing and Midwifery. The NMWPG monitors both the Recruitment and Retention Action Plans and has detailed updates each month from the Divisional Heads of Nursing.

The NMWPG provides a detailed update reports to the Strategic Workforce Committee at each meeting.

The Board of Directors receive six monthly Safer Staffing reports from the Director of Nursing and Midwifery and the next report will be provided in October 2017.

A large, rounded blue rectangle with the text 'Nurse Staffing' in white. The background of the slide is white with various colored rounded squares and rectangles scattered around, including shades of blue, yellow, orange, teal, and purple.

Nurse Staffing

NURSE STAFFING: NATIONAL PICTURE



- For the first time in recent history the numbers of Nurses leaving the profession are outstripping the numbers joining (NMC 2017)
- Increase in numbers leaving before retirement age and noticeably aged under 40yrs
- Recent NMC leavers survey cited top reasons being:
 - Working conditions
 - Change in personal circumstances
 - Disillusionment of care provided

RELEVANT FACTORS

- Removal of Bursary for Nurse training (Sept 2017)
- NHS Pay cap and increase in Pension contributions
- NHSi Agency controls – limiting supply
- NMC criteria (IELTS) for International Nurses going on to Register (NHSi pushing for changes)



LOCAL PICTURE

Band 5 Nurses

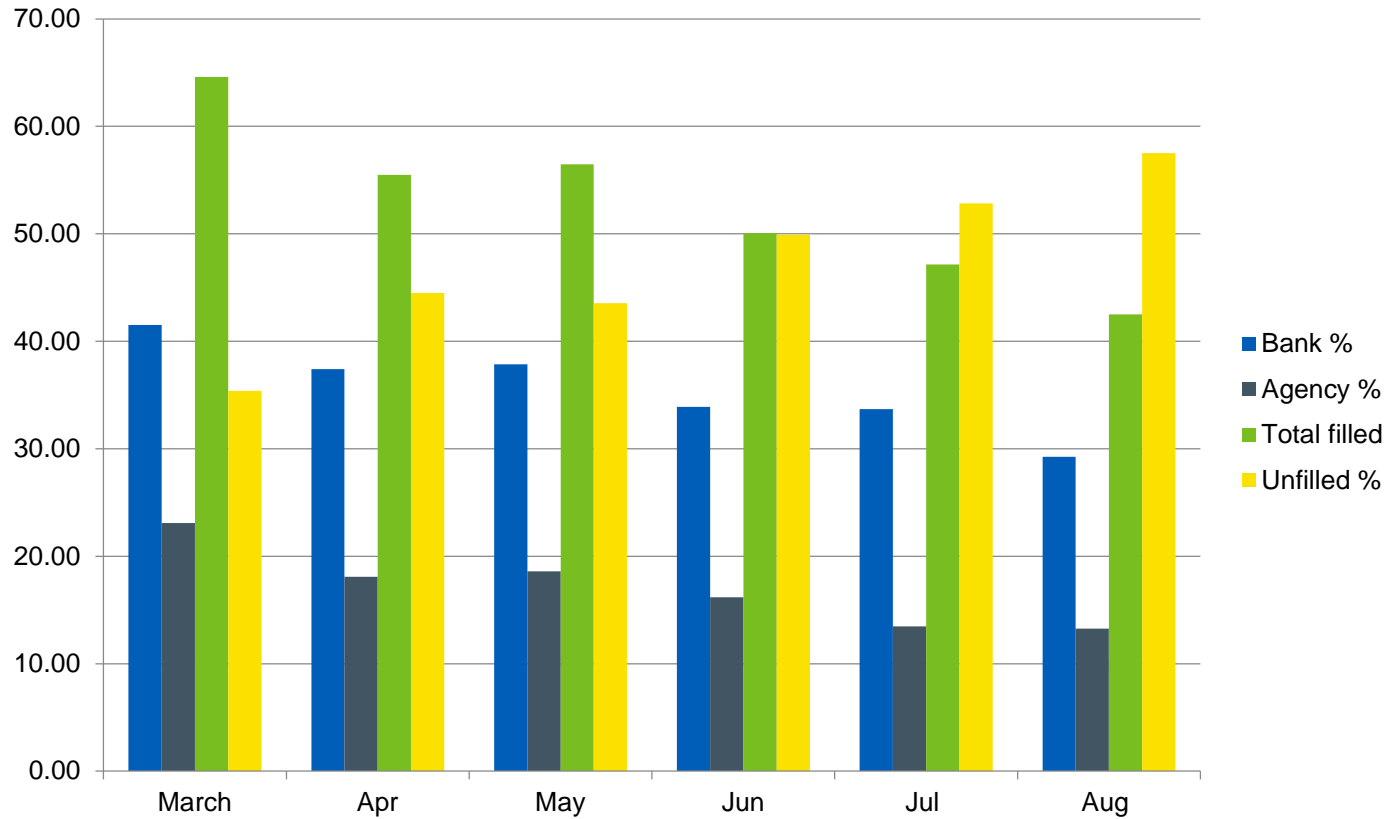
Trust	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>
Funded	736.2	728.0	728.0	728.0	728.0	728.0
Contracted	625.5	615.1	603.1	593.7	588.1	598.2
Vacancy WTE	110.7	112.9	124.9	134.3	140.0	129.9
Vacancy %	15.0	15.5	17.2	18.5	19.2	17.8

RUH NURSE STAFFING POSITION

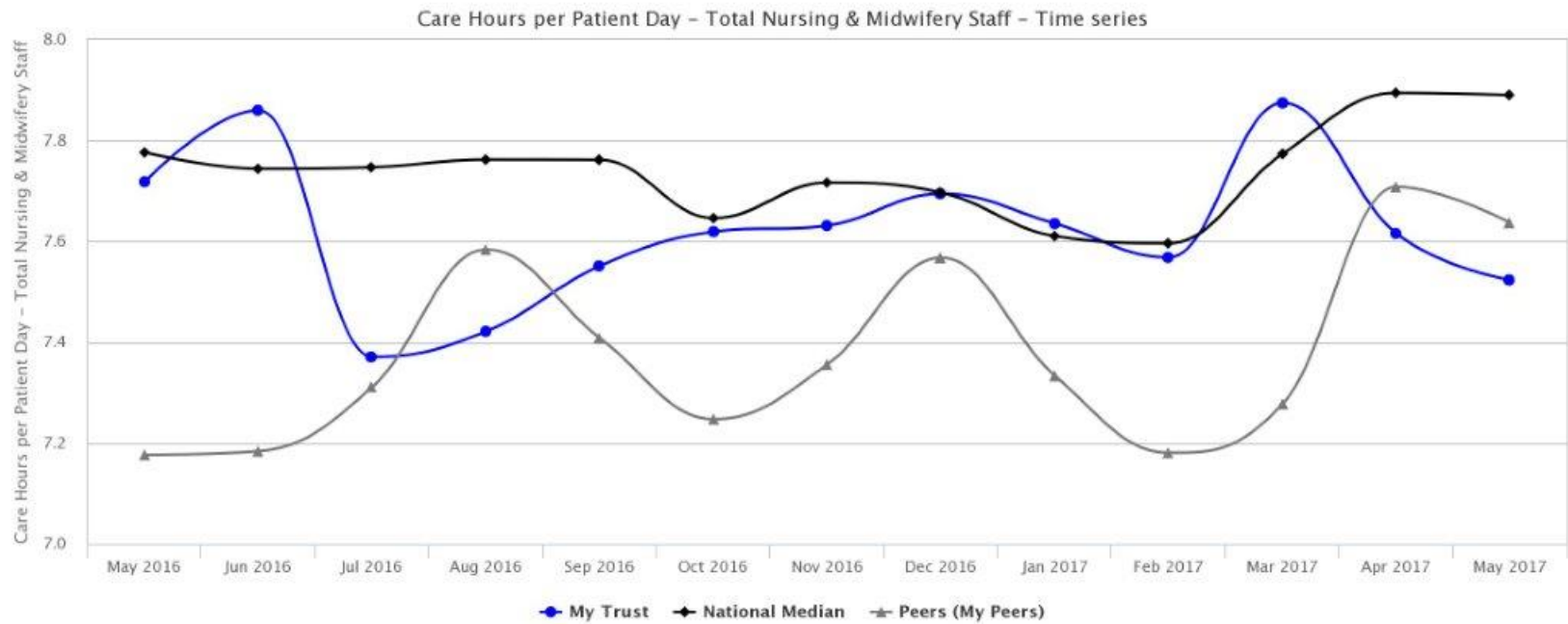
- RN vacancies July 2017 Workforce data
 - Medicine 69.3 wte (11.9%)
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- Additional HCAs covering RN gaps
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- Corporate nurses and nurse specialists working clinically



TEMPORARY STAFF FILL RATES



CARE HOURS PER PATIENT DAY



RUH NURSE STAFFING RISK REGISTER

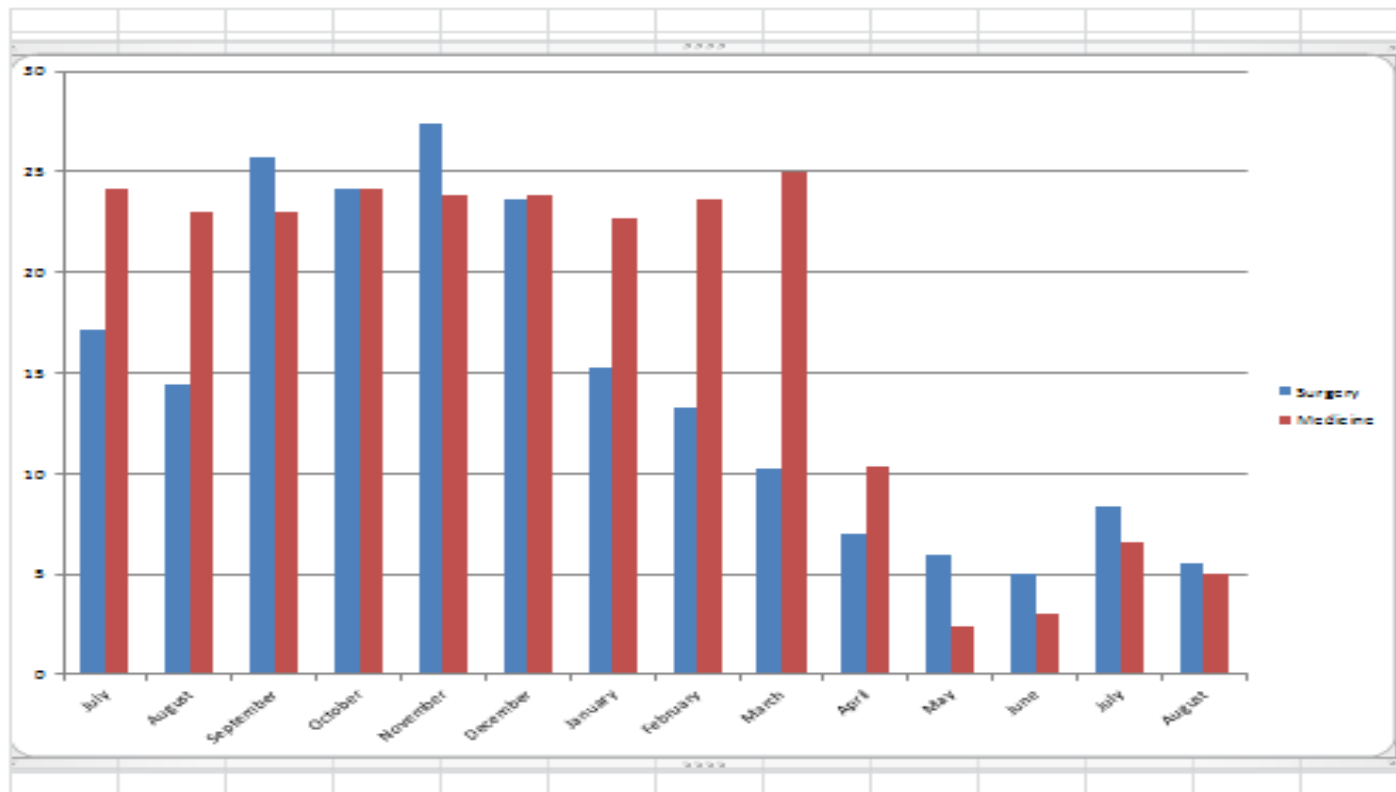


Nurse Staffing risks on the Risk Register Moderate and High risks (Sept 2017)		Risk score	Mitigating actions
ID: 1283	Availability of nursing workforce to manage capacity (Trust-wide)	16	Recruitment and Retention Group with Recruitment and Retention Action Plans. Effective utilisation of staff Nurse Rostering Policy and Bank, Pool and Agency bookings to assist in covering gaps, including Nurse Staffing Escalation Policy. Corporate and specialist nurses to work clinically. Increase Agency advance booking. Reviewing Bank pay rates and incentives for staff to work additional hours.
ID: 1544	RN shortages within Medical Division	16	Recruitment to all RN vacancies and over-recruiting HCAs. Trialling Physio roles in ward teams. Staffing levels monitored each shift and staff moved or bank/agency staff are utilised to ensure appropriate staffing numbers.
ID: 1511	RN vacancies on Pierce Ward	12	Proactive attempts to recruit involving long standing vacancy adverts, attending all open days and recruitment events. Close monitoring of staffing levels and at each shift and early escalation to Bank and Matron.
ID: 907	Risk of Trust not using non-framework agencies and risk to staffing	10	Use of non-Framework agencies continue where deemed necessary (approved by Director or Deputy Director of Nursing and Midwifery as per the Temporary Staffing Policy, Nurse Rostering Policy and Nurse Staffing Escalation Policy to mitigate the risk to patient safety.
ID: 1428	Parry Ward staffing due to nurse vacancies	6	Proactive attempts to recruit involving long standing vacancy adverts, attending all open days and recruitment events. Close monitoring of staffing levels and at each shift and early escalation to Bank and Matron.

WHAT WE ARE DOING:

- Proactive Recruitment and Retention Action plans in place
- HCA recruitment good – now over recruiting

Healthcare Assistant vacancies 2016-2017



WHAT WE ARE DOING CONT:

- Recruitment Open days and more advertising
- Internal Transfer Scheme (17 staff used)
- Trialling Physio roles in medical wards
- Case for more therapists
- Trainee Nursing Associates (14 appointed) and Assistant Practitioners
- Advance Agency bookings
- Nurse/Midwives Specialist and Corporate working clinically 1 shift a month
- Duty Matron extending hours to Late shift



FURTHER ACTIONS:

- Staff incentives for additional work, including Bank pay rates
- Proposing options for overseas recruitment
- Retention initiatives include:
 - Investment in CPD (£50k)
 - Over 50's Retention Focus group
 - Bands 2 – 4 Development pathway
 - Sponsorship to undertake nurse training
 - Apprenticeship Development Programmes
 - Nursing and Midwifery Strategy initiatives

MONITORING ARRANGEMENTS

- Recruitment and Retention Group
- Nursing and Midwifery Workforce Planning Group (NMWPG)
- Quality Report reporting ward level staffing % fill rate on Nursing Quality Indicators chart
- NMWPG reports to Strategic Workforce Committee
- Performance reviews
- Six monthly Safe Staffing reports to Board of Directors (due Oct 2017)





Questions?

A large, rounded blue rectangle with the text 'Nurse Staffing' in white. The background of the slide is decorated with various colored squares and rounded rectangles in shades of blue, yellow, orange, and purple.

Nurse Staffing

NURSE STAFFING: NATIONAL PICTURE

- For the first time in recent history the numbers of Nurses leaving the profession are outstripping the numbers joining (NMC 2017)
- Increase in numbers leaving before retirement age and noticeably aged under 40yrs
- Recent NMC leavers survey cited top reasons being:
 - Working conditions
 - Change in personal circumstances
 - Disillusionment of care provided

RELEVANT FACTORS

- Removal of Bursary for Nurse training (Sept 2017)
- NHS Pay cap and increase in Pension contributions
- NHSi Agency controls – limiting supply
- NMC criteria (IELTS) for International Nurses going on to Register (NHSi pushing for changes)



LOCAL PICTURE

Band 5 Nurses

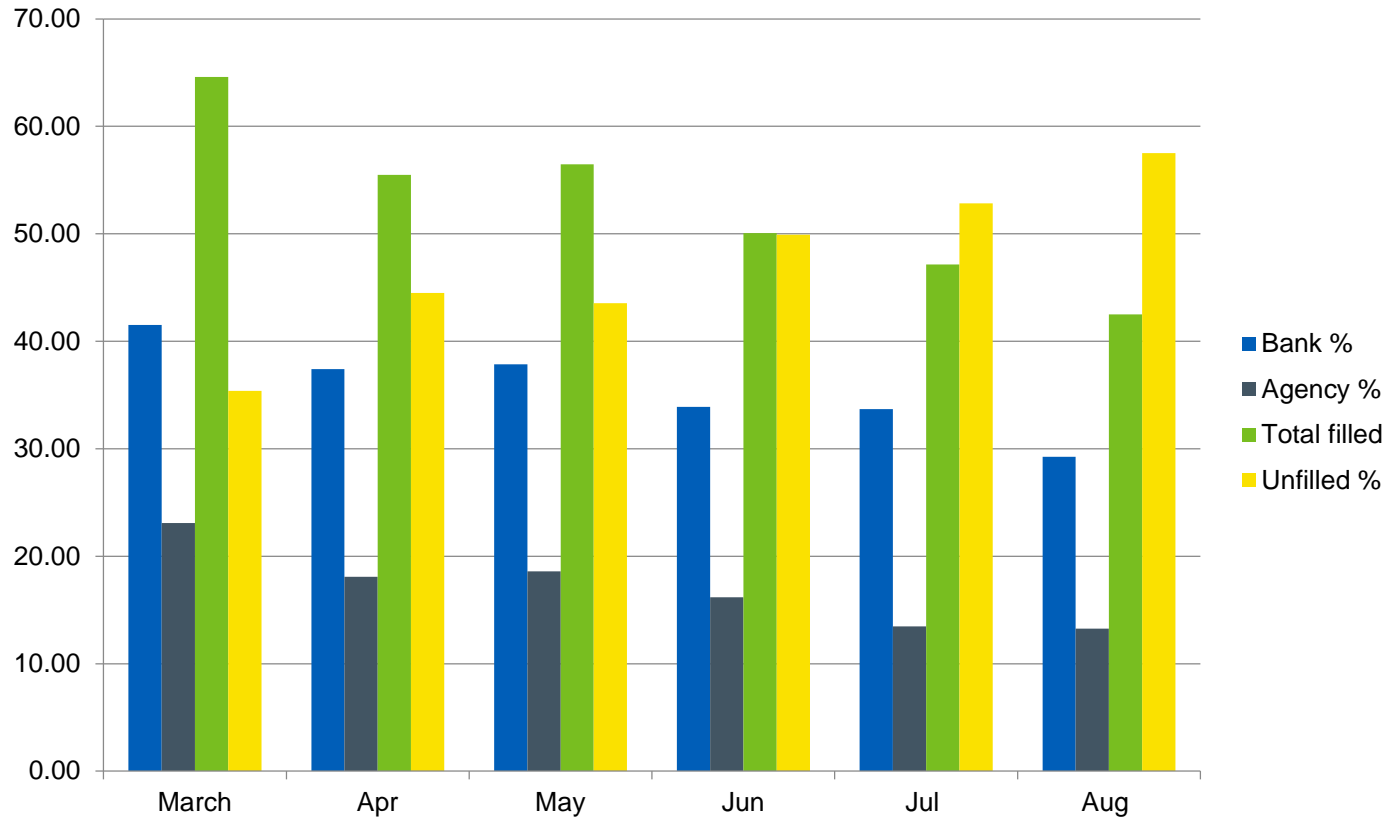
Trust	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>
Funded	736.2	728.0	728.0	728.0	728.0	728.0
Contracted	625.5	615.1	603.1	593.7	588.1	598.2
Vacancy WTE	110.7	112.9	124.9	134.3	140.0	129.9
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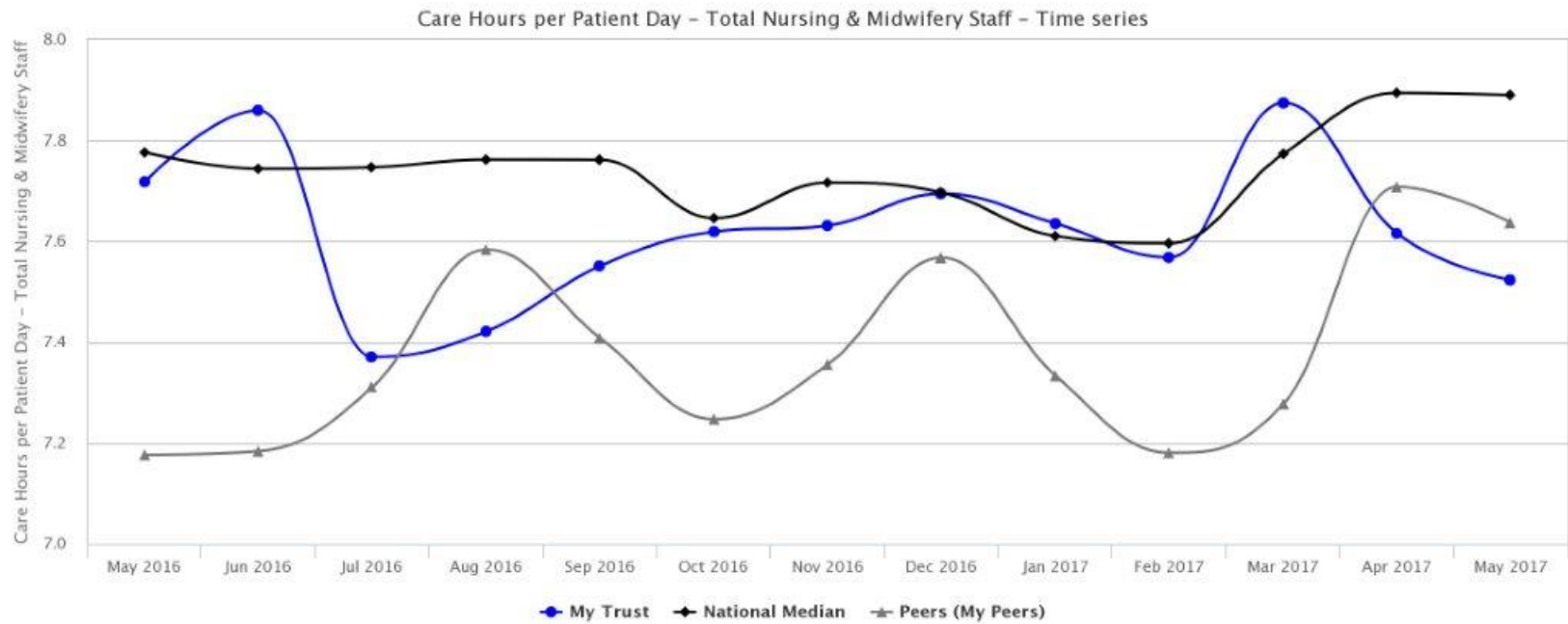
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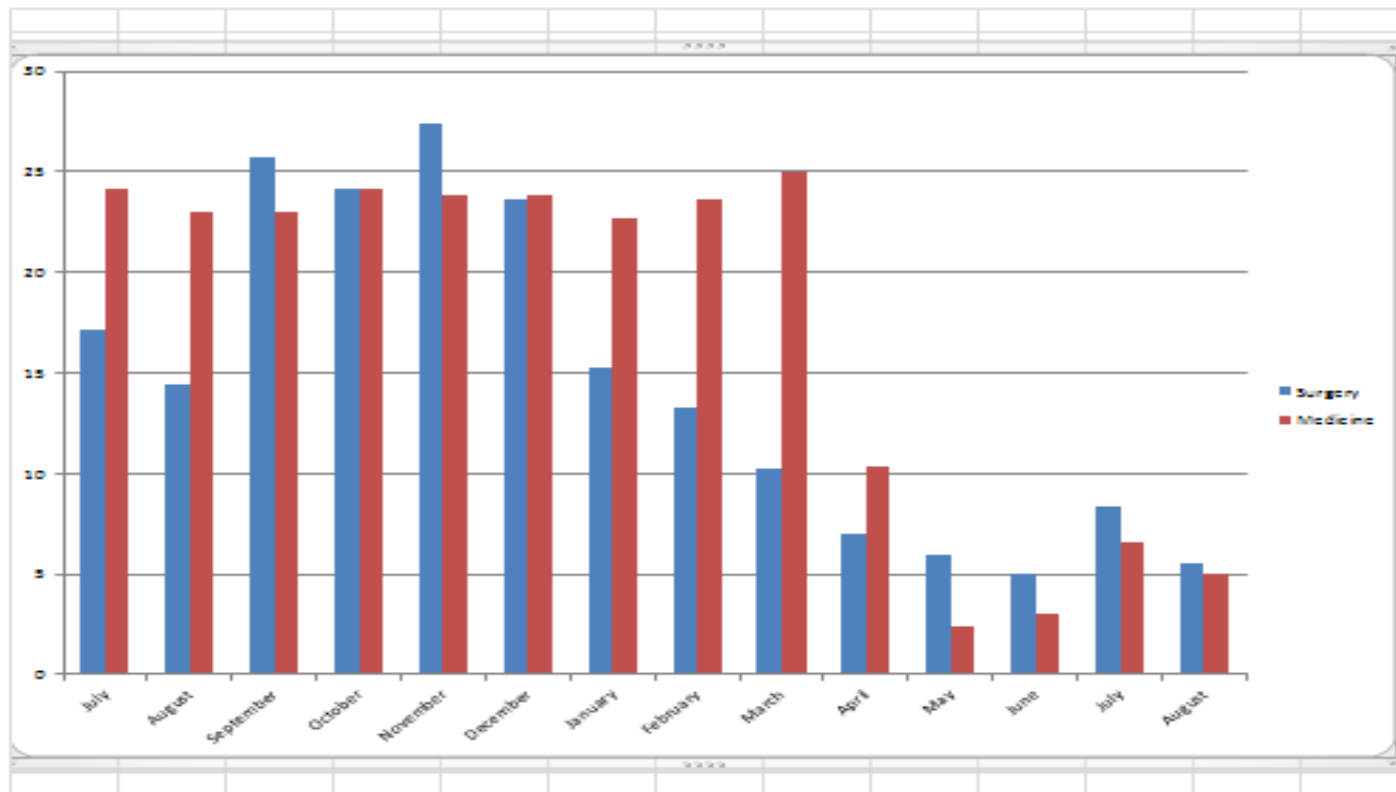


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Questions?

A&E	ED Nursing
SAU	SAU
MAU	MAU

Acute Stroke Unit	Acute Stroke Unit
NICU	Newborn Intensive C U
Pulteney	Pulteney Ward
Medical Short Stay Unit	Med Short Stay
Cheselden	Cheselden Ward
Robin Smith	Robin Smith Ward
CCU	Coronary Care Unit
Helena	Helena Ward
Phillip Yeoman	P.Yeoman/Recovery
Surgical Short Stay Unit	Short Stay Surgical Ward
Children	Paediatric Inpats & Outpats (Pay Only)
ACE OPU	ACE OPU
Cardiac	Cardiology Ward
Parry	Parry Ward
Forrester Brown A	Forrester Brown
Haygarth	Haygarth Ward
Charlotte	Charlotte Ward
Waterhouse	Waterhouse Ward
Combe	Combe Ward (3)
Midford	Midford Ward (9)
Respiratory	Respiratory Unit
William Budd	W Budd Cancer Unit
ITU	Critical Care Unit
Mary Ward *	PAW Mary Ward
Violet Prince (RNHRD)	Rheumatology Inpats