

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>9</b>
<b>Date of Meeting:</b>	<b>25 October 2017</b>		

<b>Title of Report:</b>	<b>Six Monthly Safer Staffing Report</b>
<b>Status:</b>	<b>To note</b>
<b>Board Sponsor:</b>	<b>Helen Blanchard, Director of Nursing and Midwifery</b>
<b>Author:</b>	<b>Jan Lynn, Lead Nurse, Workforce Development and Education</b>
<b>Appendices</b>	<b>Appendix 1: General Adult Ward staffing ratios Appendix 2: Poster 'You said' 'We did'</b>

<b>1. Executive Summary of the Report</b>
<p>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.</p> <p>This report serves as the six monthly safer staffing review at the RUH.</p> <p>The report provides summary details of the National Quality Board (NQB) expectations and compliance against these and current NICE guidance regarding safe staffing levels. The report informs the Board of progress to date and further actions.</p> <p>This report covers adult and paediatric nursing and also includes midwifery and informs the Board of relevant NICE and RCN guidance and relevant staffing benchmarks.</p> <p>The report updates the Board on the six monthly SNCT review of adult general wards nursing establishment's undertaken in August 2017.</p> <p>The report informs the Board of the nursing and midwifery risks on the Trust's risk register and those that are the current top 5 highest risks.</p> <p>The report includes the nursing and midwifery pay costs for month 6 position 2017/18 and actions taken to control expenditure.</p>

<b>2. Recommendations (Note, Approve, Discuss)</b>
<p>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.</p>

<b>3. Legal / Regulatory Implications</b>
<p>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</p>

CQC Regulation 19: Fit and proper persons employed
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<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
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- 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

<b>5. Resources Implications (Financial / staffing)</b>
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Resources and financial implications to be addressed as part of Trust's yearly Trust's Business Planning cycle and Divisional planning priorities.
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<b>6. Equality and Diversity</b>
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Compliance with the Equality and Diversity Policy
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<b>7. References to previous reports</b>
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Monthly Quality Report and Nursing Quality Indicators and Exception Report Nursing, Midwifery and Care Staff Strategy January 2017 Six monthly Safer Staffing Report April 2017
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<b>Freedom of Information</b>
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Public
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## Six Monthly Safer Nurse and Midwifery Staffing Report

October 2017

Author: Jan Lynn, Lead Nurse Workforce Development and Education

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*Appendix 1: General Adult Ward staffing ratios*

*Appendix 2: Nurse staffing ‘You said’ ‘We did’ Poster*

## 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
- 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 are two wards that are > 1RN to 8 beds during the day, these being Chesleden ward (older persons step down) and Philip Yeoman ward (elective orthopedic surgery). These ratios reflect the patient's acuity and dependency and bed occupancy.
- The RCN Benchmark of RN/HCA ratio 65:35 has been reviewed on the adult inpatient wards. The report describes the changes in skill mix and why wards are outside this benchmark, this being due to the higher level of care support workers and their additional competencies. These ward skill mixes have all been critically reviewed and approved by the Heads of Nursing as part of budget setting.
- The Trust has embraced new roles and ways of working which includes Band 4 roles including Assistant Practitioners and Trainee Nursing Associates and are also piloting ward Therapists Band 5 integrated as part of the nursing teams.
- The top five nursing and midwifery staffing risks are all related to Registered Nurse (RN) vacancies. Two of these risks have been reported as high risk (score 16), these being RN vacancies Trust wide and RN vacancies in the Medical Division. There is one risk recognising the risk of not using non-Framework Agencies (NHSI recommendations) which is rated as moderate.
- The financial position as at month 6 for nurse and midwifery staffing show an overspend position of £532,497 which reflects the increased cost of Bank and Agency nurses to cover vacancies and also staffing to increased bed capacity/escalation. The Medical Division has an overspend position £603,162 whereas the Surgical and Women and Children's Divisions are showing underspends.
- The nursing agency spend is within the NHSI control ceiling of 3% for 2017/18

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## Six monthly Nurse and Midwifery Safer Staffing report (Oct 2017)

### 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 regular monthly reports (Nursing Quality Indicators Exception report) as part of the Quality Report and 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 (2014) and the Lord Carter Review *'Operational productivity and performance in English NHS acute hospitals; Unwarranted variations'* (February 2016).

The updated 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.

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

#### Care Hours Per Patient Day (CHPPD)

The measure of CHPPD was recommended in the Carter Review and is provided in the 'Model Hospital' dashboard as a standardised measure for Trusts to benchmark against. Many Trusts are still scoping how the CHPPD data can be used to support

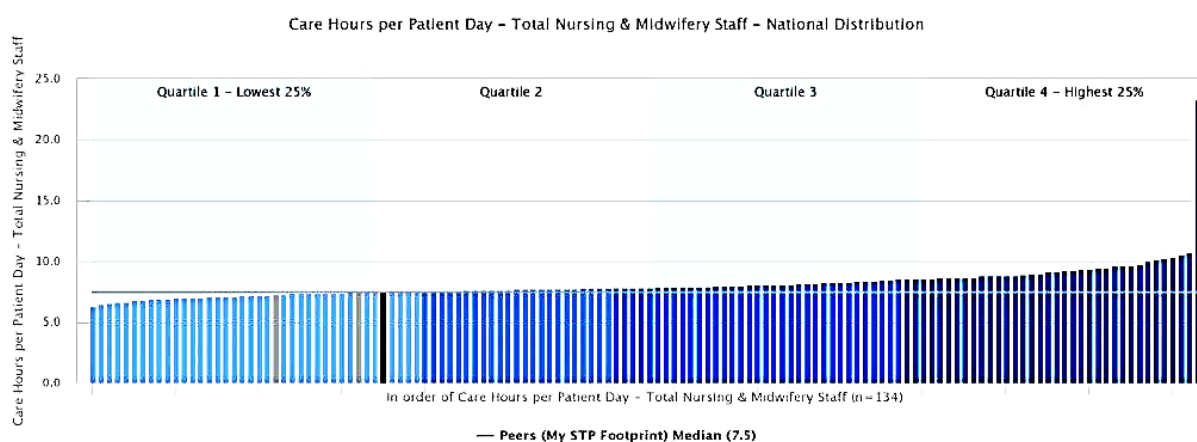
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staffing levels, but currently most Trusts are using this as an additional benchmarking tool.

CHPPD is calculated taking the numbers of occupied beds at midnight, against the actual numbers of nursing staff (Registered & non-registered) taken from our E.rostering system and this data is uploaded onto Unify each month.

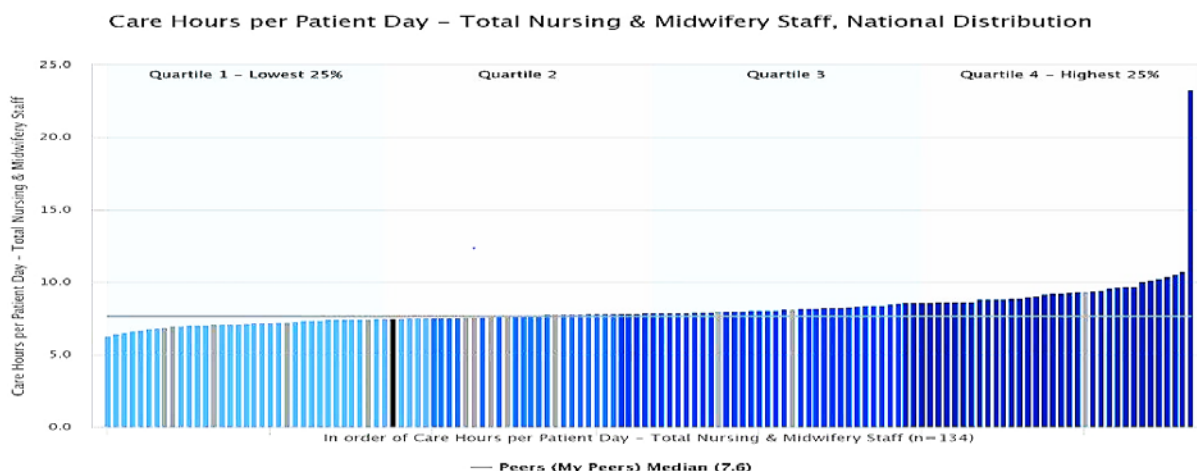
The latest available CHPPD data within the Model Hospital dashboard at the time of writing the report is May 2017. Graph 1 below, demonstrates where the Trust (black bar) is placed within the National distribution, but also where we are placed against our local STP acute Trusts (grey bars).

The graph demonstrates that our overall CHPPD in May 2017 was within the lowest quartile of the National distribution, but higher than that of our STP acute Trusts.



(Graph 1)

When reviewing CHPPD within our 14 peer group Trusts Graph 2, below. It demonstrates that in May 2017 we were placed eighth (black bar) within our peer group from the highest recorded CHPPD.



(Graph 2)

The senior nursing team will continue to review CHPPD data and also scope how this data could be used to support staffing levels reviews going forward.

### 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.

The Trust's Nursing and Midwifery Roster Policy was updated and ratified (Sept 2017) to reflect these changes and is now in place to support our senior sisters and charge nurses with efficient and effective rostering. Rostering key performance indicators (KPIs) are in place and monitored monthly via the Nursing and Midwifery Workforce Planning Group (NMWPG), for example, Roster timetable for completion and Matron sign off.

The contract for the Trust's electronic rostering system has recently been 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 Trust's electronic Rostering 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. A Business case is presently being developed to support the need for an improved rostering system that will provide the Trust with opportunities to realise all the added benefits and efficiencies of an electronic staff rostering system.

### CQC Staffing actions following inspection March 2016

KPMG have completed a review of the Trust's CQC action plan (Sept 2017) and noted improvements in staffing within both Critical Care and the Emergency Department.

KPMG have reported that all the actions within the Emergency Department have all been completed and that the initial CQC staffing actions in Critical Care have also been addressed.

KPMG also note that the Matron in Critical Care has developed additional actions to deliver sustainable staffing in Critical Care of which one of these actions have been RAG rated as amber. The Matron is working on a staffing model of 'self-sufficiency' in Critical care which aims to ensure effective and efficient rostering and staffing. This model is going to be trialled to ensure that this does not impact on staffing in other areas in the Trust.

### Chief Nursing Officer (CNO) letter 7 Sept 2017 Re: Variation in nursing titles

The CNO has written to all Directors of Nursing following a recent research study published in the Journal of Clinical Nursing which identified that a large number of staff working within the NHS are using the title 'nurse', despite not being a Registered Nurse on the NMC Register. The letter requested a review of our job titles linked to roles and qualifications to ensure that:



- All staff titles reflect their registered/regulated status and if the title ‘nurse’ is appropriate
- The correct processes are in place to ensure that all roles advertised identify the registered/regulated status, aligned to qualifications and boundaries of the role.

The Trust has reviewed both these aspects above and found that we have robust processes in place when advertising roles and job descriptions/titles are critically reviewed within HR prior to advertising. The Heads of Nursing have also reviewed all their current roles which have the title ‘nurse’ and confirmed that all such posts have the appropriate qualifications and regulation.

### 3. 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 important 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 wards Forrester Brown and Pierce wards. The August 2017 SNCT review has suggested potential under establishments again in Forrester Brown and Pierce wards and in this latest review Phillip Yeoman ward, elective Orthopaedic also suggested a potential under establishment, Table 1, overleaf.

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Safe Nursing Care Tool - August 2017			
SURGICAL DIVISION			
WARD	*Funded Est:	Suggested Est:	Variance
Forrester Brown ward	40.42	42.36	-1.94
Pierce ward	40.41	43.04	-2.63
Philip Yeoman ward	27.74	30.21	-2.47
Robin Smith ward	40.07	35.61	+4.46
Pulteney ward	43.86	40.46	+3.40
		<b>Total variance =</b>	<b>+0.82</b>

(Table 1)

The Head of Nursing and Matron have reviewed staffing levels using their experienced professional judgement of these wards and have made these recommendations:

- Increased staffing levels (HCAs) to support patients in the enhanced care bays on both Pierce and Forrester Brown wards. The existing skill mix will be reviewed to try and accommodate this with budget and the Head of Nursing will also review the use of funds released from the central RMN budget.
- As this was the first time that the SNCT review on Philip Yeoman ward suggested an under establishment, the Head of Nursing and Matron will review staffing levels again following the February 2018 SNCT review to see if this is an on-going trend.

The Nursing quality indicators for all the Trauma and 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 February 2018.

The SNCT also identified potential over establishments in Pulteney and Robin Smith wards. 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 August 2017, Table 2 overleaf, has identified 6 wards requiring a closer review because of a suggested gap between funded establishment and levels suggested by the tool.

Safe Nursing Care Tool - August 2017			
MEDICAL DIVISION			
Ward	*Funded Est:	Suggested Est:	Variance
ACE	45.80	36.01	+9.79
ASU	45.77	37.39	+8.38
Cardiac	41.32	41.14	+0.18
CCU	18.75	11.07	+7.68
Cheselden	28.50	37.54	-9.04
Combe	38.47	41.34	-2.87
Haygarth	38.54	36.52	+2.02
Helena	32.24	27.55	+4.69
Midford	41.84	45.49	-3.65
MSS	24.15	24.25	-0.10
Parry	36.90	38.94	-2.04
Waterhouse	35.15	31.73	+3.52
Respiratory	43.45	53.63	-10.18
William Budd	32.88	32.32	+0.56
<b>Total variance</b>			<b>-8.94</b>

(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 if staffing is appropriate or if any actions need to be taken. The wards which require detailed reviews are Midford and Cheselden.
- ACE ward SNCT results suggest a potential over-establishment, however this is an assessment ward and 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 4 concurrent SNCT reviews suggested an under-establishment which appears to be increasing and possibly reflecting the increased level of acuity and dependency. The Head of Nursing and Matron responsible for this ward will critically review the results and staffing establishments to address any possible shortfall.
- The SNCT results for Helena ward has suggested over the last 4 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 more flexible to needs of specific patients e.g. requiring tracheostomy care.

### 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 August 2017 suggested a slight under-establishment although 1.0wte Receptionist is within funded establishment, Table 3 below:

Safe Nursing Care Tool - August 2017			
Women and Children’s DIVISION			
WARD	*Funded Est:	Suggested Est:	Variance
Charlotte	28.34	25.09	-1.83
		<b>Total variance =</b>	<b>-1.83</b>

(Table 3)

The Head of Nursing/Midwifery and Matron have reviewed the SNCT data and will continue to review this in the light of any possible changes to case mix in the future.

### 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 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

#### Continuing actions:

- Senior Midwives oversee staffing rotas to ensure required skills/experience on a daily basis. A ‘face the week’ meeting continues, led by the community midwifery matron on a Monday morning to review staffing and planned activity across the service, staff are redeployed where necessary and any gaps in the rota are risk assessed to determine the prospective plan.
- Senior oversight of the provision of one to one midwifery care for women in established labour and the escalation when this is not possible.
- Midwifery Staffing Escalation Policy has been reviewed and refreshed and compliments the Trust’s Escalation Policy
- Staffing skill mix and model review across the service to rebalance the midwife to birth ratios in the clinical areas.
- Reviewing the Birthrate Plus® acuity and dependency scoring tool to enable modelling of midwifery numbers, skill mix and deployment.

### 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. Currently the service meets this ratio averaged across the service, however it is not consistent in each clinical area ranging from 1:10 in some community birth centres to 1:45 in the acute service, hence the decision to review the staffing models.

The ratio of midwives to births is monitored monthly and reported to the Nursing and Midwifery Workforce Planning Group and to the W&C executive performance committee.

### **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 has reviewed paediatric staffing levels across the service and with consideration to activity, dependency and utilisation of services proposed changes to staffing going forward. This will not result in a reduction of registered and non-registered staff but utilising the skill mix in a different way.

## **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 has been reviewed against staffing establishments agreed for April 2017/18 budgets (Appendix 1).

The Trust has recorded the staffing levels and ratios by individual adult inpatient ward for each shift and also weekday and weekend. This chart also records the ward Senior Sister's supervisory role and numbers of higher level support staff at Band 3 and 4, to provide the Board with a more accurate reflection of staffing (Appendix 1).

As mentioned previously, the NICE ward ratio of 1RN: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 will 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 England.

Appendix 1, identifies two wards (highlighted blue) that have a ratio of > 1RN:8 beds during the day, these being Cheselden Ward (Older persons step down) and Philip Yeoman (Elective Orthopedic). The Heads of Nursing have critically reviewed these wards and are satisfied that the staffing levels meet the patient's acuity and dependency levels.

Cheselden ward has a case mix of patients who are a 'step down' from acute care and therefore lower acuity, which supports a higher ratio of HCAs. Philip Yeoman ward is an elective surgical orthopedic ward and therefore has the ability to plan its staffing levels to match the patient acuity and dependency as well as ward occupancy, which is lower at night and the weekends. Average occupancy, collected at midnight Monday – Friday is 59.29% and at the weekends 50.45%.

NICE guidance for RN to beds is only recommended for the day shift where activity is increased, as opposed to the night shift. The Trust has also reviewed the RN to bed ratio for the night shifts and highlighted those wards where there is a ratio greater than one RN to 10 beds.

There are five wards that have a ratio >1RN:10 beds. The Heads of Nursing and Matrons have critically reviewed these wards and approved the staffing levels as being appropriate. This being on the basis, that the patient acuity, dependency and occupancy levels support the agreed skill mix.

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

The Trust's RN to HCA ratio is benchmarked against the 2017/18 budgeted staffing establishments (Appendix 1).

As mentioned previously, the RCN 2010 recommended ratio of RNs to HCAs is 65:35, does not account for skill mix changes and new roles that support nursing care delivery. These higher level support roles will have an effect on the RN to HCA ratios and this is recognised nationally, hence the new benchmark of CHPPD.

However, until CHPPD becomes more current and widely used, the Trust will continue to use the RCN benchmark to review skill mix ratios and provide the Board with a rationale to support where these skills mix ratios fall outside of the RCN recommended benchmark.

Appendix 1 highlights the wards where the ratio of RN: HCA is lower than the RCN benchmark (highlighted red).

All of these wards skill mix ratios have been critically reviewed by the Heads of Nursing and all have been approved within budget setting for this year. The rationale for approving the skill mix are due to matching nurse staffing competencies and numbers of staff to the requirements of the patient case mix. For example, taking into account the:

- levels of patient acuity, dependency and ward occupancy
- number of higher level care support worker roles at Band 3 and 4

#### 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 also a recruitment and retention group chaired by the Head of HR with robust recruitment and retention action plans in place and this is a sub-group of the NMWPG.

At the end of August 2017 there are approximately 130 wte RN Band 5 vacancies across the Trust, Table 4 overleaf. This data is sourced from Finance budgeted wte and does not include maternity leave or long term sickness.

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 (High risk 16)

Since August we have recruited more RNs into the Trust and these are predominately newly qualified RNs that complete their training at University and usually start employment between August – October.

The Trust has recruited 27 RNs starting in post during September and has appointed another 10 RNs to start in October 2017.

### Band 5 Registered Nurses

Trust	Mar	Apr	May	Jun	Jul	Aug 2017
<b>Funded</b>	736.2	728.0	728.0	728.0	728.0	728.0
<b>Contracted</b>	625.5	615.1	603.1	593.7	588.1	598.2
<b>Vacancy WTE</b>	<b>110.7</b>	<b>112.9</b>	<b>124.9</b>	<b>134.3</b>	<b>140.0</b>	<b>129.9</b>
<b>Vacancy %</b>	<b>15.0</b>	<b>15.5</b>	<b>17.2</b>	<b>18.5</b>	<b>19.2</b>	<b>17.8</b>

(Table 4)

The Trust has held regular Trust wide nursing Recruitment Open Days. These have had good attendance and have led to appointments, albeit not high numbers. The Open days in January, April and June 2017 have been evaluated and found that 84 people attended, of which 19 were appointed and most of which were Registered Nurses with some HCAs. These Open days will continue to run four times a year.

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

Medicine: 78.2wte (10.9%)  
Surgery: 42.9wte (8.4%)  
Women and Children's: 20.2 wte (2.3%)

Table 5 overleaf reflects the Divisional RN/Midwife/ODP budgeted establishments and contracted staff establishments including vacancies, maternity leave and turnover rate April – Aug 2017. Table 5 also indicates the anticipated staffing numbers for September reflecting staff recruited to start in post.

This shows an improving position with appointing newly qualified nurses from University.



### RNs, RMs & ODPs WTE Total Gap @ month

(inc. starters - T/O + gap in contracted establishment)

Surgery	Apr	May	Jun	Jul	Aug	Sep
Est	436.6	437.6	437.6	437.2	437.6	437.6
Contracted	404.3	402.9	395.5	395.2	400.9	407.0
Vac WTE	32.2	34.7	42.1	41.9	36.7	30.6
Vac %	7.4	7.9	9.6	9.6	8.4	7.0
T/O	3.4	4.8	1.6	3.7	2.2	3.8
Starters	6.0	8.2	2.5	9.8	9.0	10.0
<b>Total Gap + Mat</b>	<b>40.4</b>	<b>42.0</b>	<b>51.9</b>	<b>48.2</b>	<b>42.9</b>	<b>37.4</b>

Medicine	Apr	May	Jun	Jul	Aug	Sep
Est	582.2	582.2	582.2	582.2	582.2	582.2
Contracted	524.5	520.1	515.1	513.0	518.7	526.4
Vac WTE	57.7	62.1	67.1	69.3	63.5	55.9
Vac %	9.9	10.7	11.5	11.9	10.9	9.6
T/O	7.7	5.0	0.0	2.9	4.4	4.4
Starters	12.7	9.5	8.4	11.4	11.0	12.0
<b>Total Gap + Mat</b>	<b>73.4</b>	<b>78.4</b>	<b>79.4</b>	<b>81.0</b>	<b>78.2</b>	<b>69.5</b>

Women & Childrens	Apr	May	Jun	Jul	Aug	Sep
Est	286.1	286.1	286.1	286.1	286.1	286.1
Contracted	281.2	278.1	274.7	275.4	279.6	281.8
Vac WTE	5.0	8.1	11.4	10.7	6.6	4.3
Vac %	1.7	2.8	4.0	3.7	2.3	1.5
T/O	3.0	3.1	0.0	0.0	2.8	2.0
Starters	1.0	0.6	1.0	0.0	4.6	4.2
<b>Total Gap + Mat</b>	<b>22.9</b>	<b>26.5</b>	<b>26.4</b>	<b>26.7</b>	<b>20.2</b>	<b>17.5</b>

<b>Trust total gap + Mat leave</b>	<b>136.7</b>	<b>146.9</b>	<b>157.7</b>	<b>155.9</b>	<b>141.3</b>	<b>(Projected) 124.4</b>
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(Table 5)

The Medical Division has the largest workforce and also the highest number of vacancies. The Head of Nursing for Medicine has been proactive with all the recruitment initiatives and despite this is running with an RN vacancy rate of approximately 10.9%.

To try and bridge the gap the Head of Nursing for Medicine has received approval from Management Board to prepare a business case for International Recruitment. This is to recruit from outside the EU as nurses from the EU have diminished, and many other Trusts are looking to recruit from the Philippines, India and Australia.

Mitigating actions taken to ensure safe staffing

The summer holiday period was a particularly challenging time with nurse staffing on the wards, especially as temporary staff often choose to reduce their hours of work to support child care or holidays.

To encourage staff to work additional hours over the period the Quality Improvement Centre staff went out and asked nurses across the Trust to comment on what would encourage them to work additional shifts and received over 50 responses from individual wards and departments with individual comments from staff.

Feedback has been sent back to the many nurses who responded on a 'You said' 'We did' poster so that staff know that their comments were listened to and have made a difference, Appendix 2.

The suggestions from staff supported the Heads of Nursing to develop a pay incentives business case to encourage more nurses to work additional hours and this was presented to Management Board in September. The pay incentives options are relevant to both permanent and Bank RNs.

Other initiatives that were put in place were:

- Corporate and Clinical Nurse Specialists working clinical shifts
- Overtime payments for part-time staff
- Pay incentives for additional hours of work
- Over recruiting HCAs to support wards that have significant RN vacancies
- Redeploying permanent staff from other wards which are better staffed
- Increased advance booking of Agency shifts
- Recruiting therapists to support nursing teams

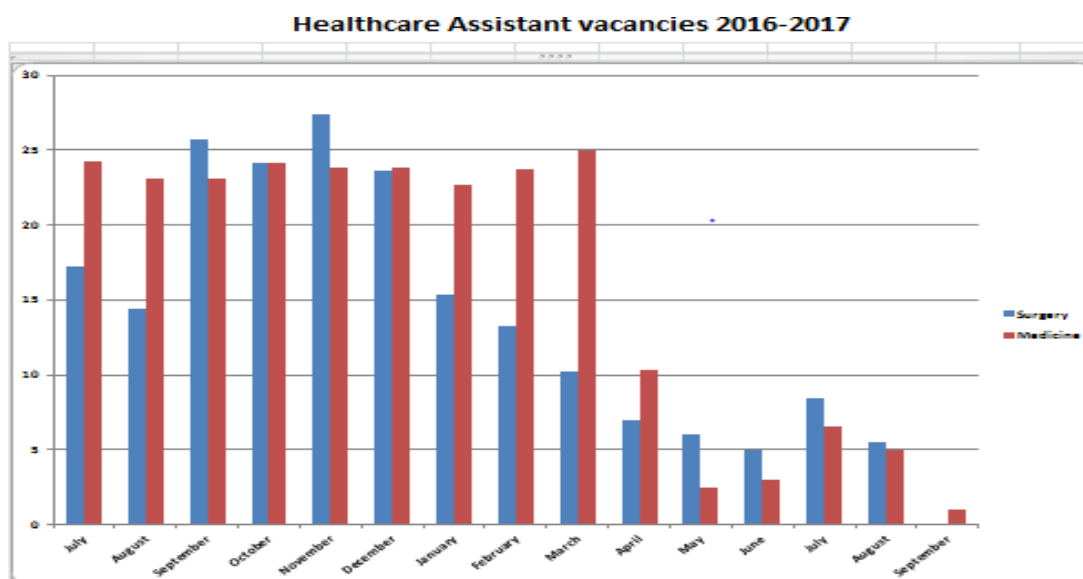
The Trust also has a well-developed Retention Action Plan, which incorporate initiatives as recommended by the NHSI Retention programme (June 2017).

Many of these initiatives also form planned work within the Nursing and Midwifery Strategy. The Board will be updated with progress of the work within the Strategy in January 2018.

Some of the work thus far has been:

- Bands 2 – 5 Transfer scheme to allow nurses to move to other areas without applying through NHS jobs. 17 people have successfully used this scheme.
- HCA Development Pathway Bands 2 - 4
- Supporting HCAs to apply for Sponsorship to undertake Nurse training and join at year 2.
- Band 6 Apprenticeship Leadership development pathway
- Gaining Charitable Funds (£50,000) investment to provide Continuing Professional Development (CPD)
- Over 50's Focus group and survey

HCA recruitment has been particularly positive (Graph 3). The Trust has very few HCA vacancies and this has supported the wards greatly by staffing the wards to planned numbers albeit reduced numbers of RNs.



(Graph 3)

The Trust will continue to keep the pace of HCA recruitment up to maintain staffing numbers and also provide the Trust with a non-Registered workforce that we can develop into developmental roles such as the Nursing Associates.

## 6. New roles and ways of working

To support the RN gap the Trust has been embracing new role development and recruiting other roles. These include:

- Increasing the number of Band 4 Assistant Practitioners (12 trainees completed training in Sept 2017)
- April 2017 - 14 Trainee Nursing Associates commence 2 year training to become Band 4 Nursing Associate
- Plan to start another cohort of Trainee Nursing Associates Jan 2018 using an Apprenticeship programme
- HCA Bands 2 – 4 Development Pathway developed to ensure we are using all the skills and competencies appropriate for these roles

Presently the Trust is piloting Band 5 Therapists working as ward Therapists supplementing the nursing teams. This role has been trialled on three medical wards where there are RN vacancies and commenced in April 2017.

The Head of Allied Health Professionals and Matron in Medicine have completed an early evaluation of the role to understand how well these roles are performing and thus far the evaluation was very positive. In particular the experiences were positive from the ward Senior Sisters and other ward nurses. One of the key added benefits

was a noticeable difference to patients with early mobilisation and reduced length of stay.

The Head of Therapies and Head of Nursing have presented the evaluation to Management Board gained approval to extend the trial of more Therapists in wards where it is deemed appropriate.

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

The nursing and midwifery risks on the Trust's Risk Register are as below, Table 6, which outlines the risk score and mitigating actions in place:

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.

(Table 6)

Nursing and Midwifery risks on the Risk Register are discussed every month at the NMWPG and also reported at every Strategic Workforce Committee. Many of the mitigating actions are within the Recruitment and Retention Action Plans as mentioned previously in the report.

## 8. Nurse and Midwifery staffing expenditure

This financial year's position as of month 6 (September 2017) for nurse and midwifery staffing shows an overspend position of £532,497 Table 7 overleaf.

This variance is an increase on the previous year's 2016/17 month 6 position which was an overspend of £320,155. The Medical Division is in an overspend position of £603,162 at month 6, Table 7 overleaf, whereas the Surgical and Women and Children's Divisions are performing well and showing underspends at month 6.

The Head of Nursing in the Medical Division updates the NMWPG every month on nursing expenditure and has been reporting an increase in nurse staffing for emergency medicine as well as increased costs to support bed escalation. The Head

Author: Jan Lynn , Lead Nurse Workforce Development and Education	Date: 16 October 2017
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of Nursing reports increased costs with Bank and Agency to fill RN vacancies which reflects the high RN vacancies within the Division. The Head of Nursing is also reviewing overspends with Medical Nurse Practitioners which support the medical teams employed to cover junior Doctor vacancies, as this budget needs to be assigned to the Medical workforce budgets.

Division	2017-18	M6 2017-18		M6 2017-18		
	M6 Budgeted WTE	Worked WTE	Variance WTE	Budget (£)	Actual (£)	Variance (£)
MEDICAL DIVISION	883	909	26	15,761,933	16,365,095	603,162
SURGICAL DIVISION	578	600	22	10,719,210	10,698,652	-20,558
WOMEN AND CHILDREN'S DIVISION	371	369	-2	7,732,830	7,682,724	-50,106
<b>Total</b>	<b>1,832</b>	<b>1,814</b>	<b>46</b>	<b>34,213,973</b>	<b>34,746,470</b>	<b>532,497</b>

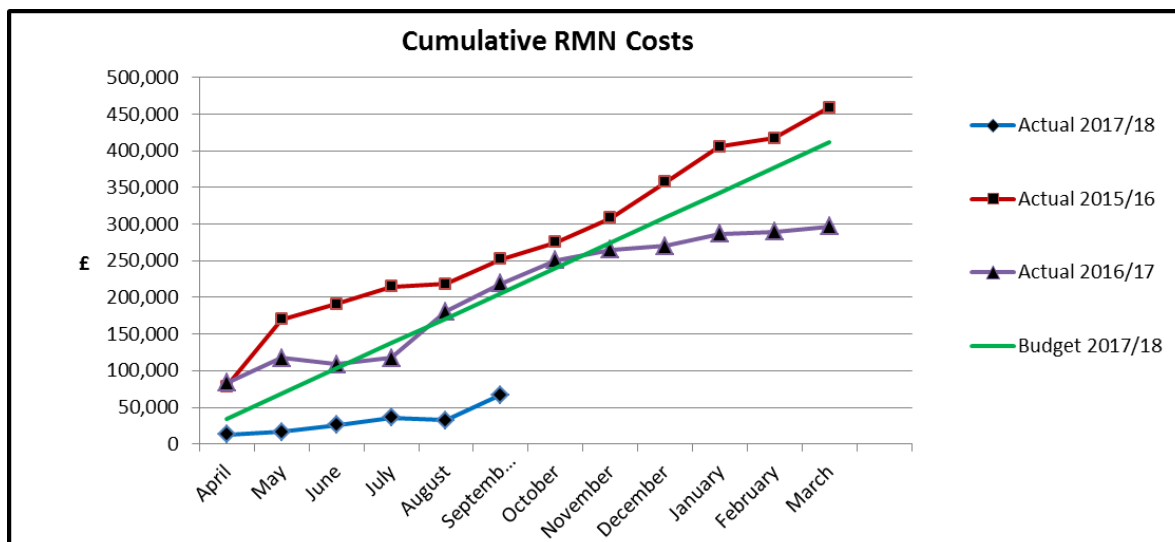
Division	2016-17	M12 2016-17		M12 2016-17		
	Budgeted WTE	Worked WTE	Variance WTE	Budget (£)	Actual (£)	Variance (£)
MEDICAL DIVISION	882	882	0	31,216,896	31,728,879	511,983
SURGICAL DIVISION	573	583	10	20,599,489	21,044,194	444,705
WOMEN AND CHILDREN'S DIVISION	366	362	-4	15,165,313	15,162,239	-3,074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

(Table 7)

### 8.1 Registered Mental Health Nurses (RMNs)

The Trust continues to work 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.

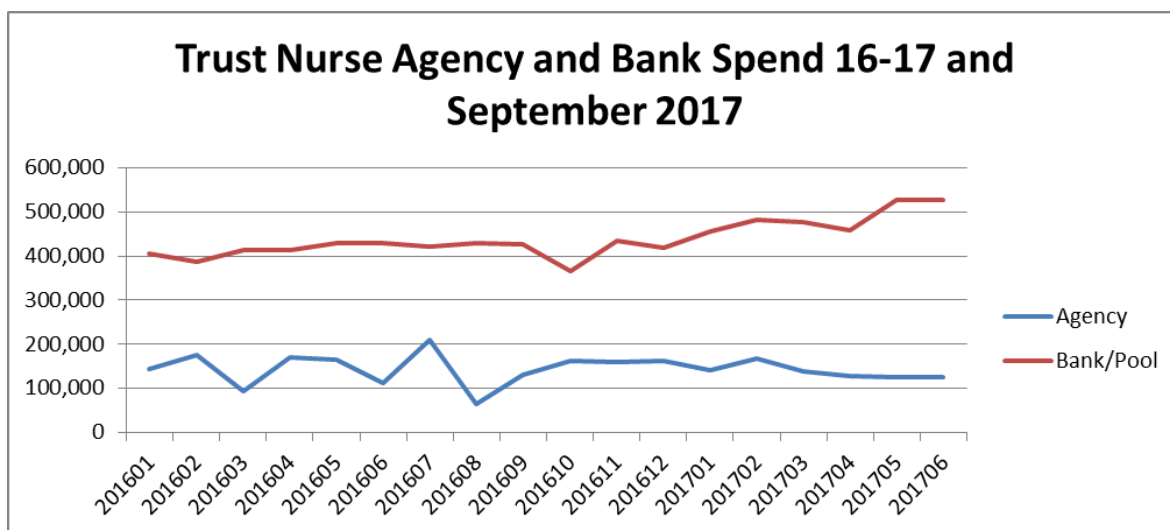
The Mental Health Practitioner has successfully reduced the reliance of RMNs and increased the supply and use of mental health support workers, which has demonstrated a consistent decrease on the use and spend on agency RMNs, Graph 4 (overleaf).



(Graph 4)

## 8.2 Agency and Bank spend

The analysis of nursing agency, bank costs (Graph 5 below) demonstrates a rise in demand for nursing hours over the last year and a significant increase in Bank staff spend. This is particularly evident over the summer holiday period August and September 2017 (months 5 and 6).



(Graph 5)

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 2017/18 compared to 2016/17 is shown in table 8 overleaf.

	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
<b>TOTAL</b>	<b>2,000,536.00</b>	<b>4,288,931.00</b>	<b>1,936,716.00</b>	<b>3,682,243.00</b>	<b>3,108,796.00</b>	<b>3,118,028.00</b>

(Table 8)

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.

The Trust is a partner organisation of an established Bristol, Bath and Weston Agency Consortium regarding nursing agencies. The Consortium has recently tendered for nursing agencies and following the tender process has agreed to procure Agency nurses via a neutral vendor (de Poel Agency) which will act as an intermediary with other Agencies. The Neutral vendor has agreed to procure agency nurses within the NHSI cap rate. The Consortium is presently working through all the agreed parameters with regards advanced booking to agree a standard that all the Trusts will work to so that no individual Trust will be disadvantaged. This procurement arrangement is planned to commence in early November 2017. It is hoped that this will enable reduced agency costs, but not adversely affect supply.

### 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:

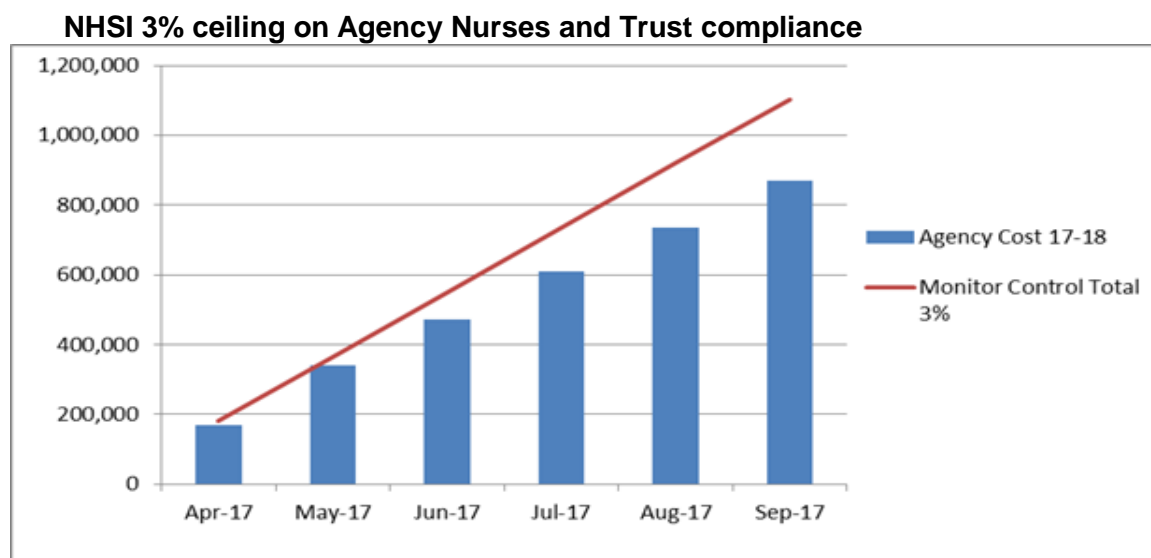
- Mandatory use of frameworks for procuring agency staff; and limits (cap) on the amount individual agency staff can be paid per shift.
- Annual ceiling for total agency spend (as a percentage of total nursing spend):

	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. However, 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 still within the NHSI annual nursing agency ceiling 2017/18 and Graph 9 below shows the month on month review of spend against the 3% ceiling of our overall spend on nursing since April 2017.



(Graph 6)

## 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 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 2017/18 month 6 financial position and actions taken to control expenditure







# We are listening . . . .

## You said:

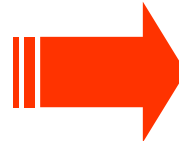
**Increase staffing and recruit into vacancies**



**Part-time staff to be paid overtime  
Pay incentives for working additional hours**



**Book Bank and Agency staff in advance**



**Visible support from Senior Nurses**



## We did:

**Weekly HCA recruitment—now only 1 vacancy in Sept!  
We have recruited 27 RNs in Sept & 10 RNs in Oct 2017  
International Nurse recruitment Business Case approved  
and being developed**

**Part-time Registered Nurses can be paid overtime (August)  
Pay Incentives approved for Band 5 RNs Bank RNs  
Meal vouchers for staff working at very short notice**

**Extra Bank nurses booked for Allocation on Arrival  
Agency shifts given to Agencies further in advance (Aug)**

**Duty Matron working a longer day (Early and Late) to  
support staffing for evenings and night shifts  
Corporate and CNS working clinically in wards (Aug)**

