

Southport and Ormskirk Hospital NHS Trust Bi-annual Nurse Staffing Establishment Report April 2017

1. Executive Summary

Table 1

ALERT

- 11.59% Registered Nurse vacancies at band 5 and above
- 13.45% Healthcare assistant vacancies
- Theatre vacancies were identified as a concern and a 'Must Do' in the CQC Report 2016 however vacancy figures including contract offers and staff leavers demonstrate an increase in accepted offers of posts with a decrease in vacancies from 15.74 WTE in April 2016 to 9.5 WTE March 2017. Theatre activity remains reactive to the safe staffing challenges.
- The high level risk to safe staffing is enabling ward managers in supervisory time. Deep dive to commence to ward establishments to ensure 80% supervisory status is established for all inpatient ward managers to assure staff are supported in working to competency, education and training (including mandatory training) and patient safety is maintained. Further to this is the time to review and audit staffing levels and build strong relationships with Human Resources and communications team to develop robust advertising for staff recruitment and retention.
- Prior to the commencement of the new Director of Nursing and Midwifery, an error in the the previous nurse staffing establishment review resulted in the loss of x3 WTE HCA posts in paediatrics. This establishment now requires increase in budgeted establishment for these roles.
- Business case being put forward to increase Registered Nurse establishment by 2.7 WTE in paediatric AED due to increase in activity.
- Recruitment challenges
- Safe staffing levels are noted through trust systems as achieved but are a challenge and current bank, agency, and additional hours worked by substantive staff is not sustainable.
- Frequent movement of Nursing Staff from Ormskirk site to Southport site to cover staffing shortfalls effecting staff morale
- Sickness and absence levels remain above Trust target of 4.75% and shifts often go unfilled. Registered nurse absence for March 2017 = 5.94%, Non Registered = 8.74%.
- Due to the national difficulties in recruiting paediatricians the current nursing establishment has been reviewed to support this.
- Increased temporary staff usage due to the planned opening of ward 7B as winter pressures Ward.
- Potential Impact of transfer of community services to nursing delivery currently i.e. Discharge Planning and specialist roles
- Potential under reporting of nurse staffing via DATIX (Trust incident reporting system) – SafeCare now supports this.
- Agency cap rates introduced from April 2016 by NHSI has resulted in a reduction of agency spend and reliance on agency workers. This is a National dictate however withdrawn national decisions have caused some confusion.

- Introduction and impact of IR 35 legislation introduced by the government and supported by NHS Improvement (NHSI) controls.
- Business Intelligence and informatics to support the operational clinical field in identifying opportunities, evaluation of impacts of decisions on our patients, quality and service provided.
- Human resource (HR) to work collaboratively in developing the Nursing, Midwifery and Allied Health Professionals workforce Plan, and recruitment and retention challenges.

ADVISE

- New Director of Nursing commenced in November 2016 and immediately recruited a senior nurse to lead on workforce review (Assistant Director of Nursing).
- Ongoing proactive campaigns and concerted efforts to recruit to vacancies
- Safe staffing levels are noted through trust systems as achieved but are a challenge and are not sustainable – deep dive into data collection systems, utilisation and refining of current tools along with interpretation is required to provide robust assurance.
- A&E action plan in place to support reduction in vacancies.
- Due to the national difficulties in recruiting paediatricians the current nursing establishment has been reviewed to support this which includes 5 trainee Advanced Paediatric Nurse Practitioners (APNP) and one trained. There are also 2 trained Emergency Nurse Practitioners in A&E There are plans in place to further develop other nurses in these roles to fill gaps in the medical rotas
- Support roles have also been reviewed with 2 Assistant Practitioner trainees in post with plans to develop more support workers in these roles.
- The Paediatric Assessment Bay was omitted from a staffing review in 2016 resulting in the Paediatric department losing 3.0 WTE Band 3 HCA's from budgeted establishment. These posts are essential to the functioning of the Assessment Bay and therefore this has meant an overspend on the Paediatric budget
- Activity in the Paediatric A&E department has increased year on year with no additional staff. A staffing review completed, business case is being put forward to increase staffing levels by 2.7 WTE nurses.
- Need for an acuity tool to be implemented on the Delivery Suite.
- The Trusts automated recruitment system (TRAC) has seen both benefits and weaknesses; some delays are evident re process issues.
- Winter escalation ward will cease from May 1st 2017 and proposals for discharge lounge awaiting approval.
- High proportion of HCA vacancies recruited in Q4 – 16 WTE.
- Currently recruiting to Practice educator post in Urgent Care.
- Review of nursing team who support deteriorating patients across the Trust -Outreach nurse team, and scoping potential to improve and expand on current service provision.
- Community Services transfer on the 1st May 2017 the impact on discharge planning and specialist roles are not fully understood.
- There is potential under reporting of 'Red Flags' (triggers to escalate concerns when there is a risk to quality and patient safety) issues via Datix -
- Ward manager/ matrons dashboards are completed to support staffing priority focused KPI's

ASSURE

- The Director of Nursing and Midwifery has made contact with NHSI national lead for workforce (Mark Radford) who will be attending the Trust in June 2017 to provide support to our teams.
- The current Safe Staffing budgeted establishments across all Clinical Business Units (CBU) reflects as per national guidance however does require review to assure supervisory time is given to ward managers as per Francis report (2013).

- Staffing levels reviewed in line with RCN and Best Staffing Levels Tool, Safer Nursing Care Tools (SNCT), Birthrate Plus, British Association of Perinatal Medicine (BAPM).
- Safecare Model is becoming embedded to assist monitoring of staffing levels, nurse to patient ratios and acuity going forward.
- Specialist Nurses Job Planning is being reviewed and in its infancy.
- E Roster- published staff rosters with a minimum of 4 weeks in advance working towards 8 weeks commencing April 2017.
- Monthly reporting and publication of fill rates on unify as per statutory requirements.
- Over recruitment of HCA vacancies to support staffing levels.
- Continued delivery of Care Support Worker Development (CSWD) programme. Since meeting with the Director of Nursing and Midwifery clear discussions have taken place with NHSP around capacity and demand and a need to increase cohort numbers urgently.
- Commitment to supportive nursing and generic roles ie Nursing Associate role, Assistant practitioner role.
- Introduction of patient safety nurses in AED into establishment with demonstrable patient safety improvements via audits owned by the department (Sepsis, head injury, National Early Warning Score (NEWS)).
- Student nurse places maximised and proactive recruitment prior to qualifying.
- National decisions that have caused some confusion regarding Agency changes have impacted on ability to secure agency nurses. This is monitored through HR/Workforce indicators with clear direction and support from the Executive team.
- Care Hours per Patient Day (CHPPD) implemented and reported monthly – this supports Lord Carters (2015) recommendations against setting appropriate staffing levels with a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.

2. Introduction

This is report 1 of the Trustwide assurance report on nurse staffing establishments at Southport and Ormskirk Hospital NHS Trust. It would appear that the last nurse establishment review was reported to Trust Board in September 2015. Continued assurance and deep dive into issues raised will be reviewed through the Trusts Nursing board.

Supportive data used reflects the months Oct 16 –March 17 inclusive.

The Board continues to be aware of the monthly Safe Staffing reports, recognising whilst there is progress being made, there remains significant challenges in respect of nurse recruitment which is shared locally and Nationally. This report repeats the message previously reported to Quality and Safety of the difficulties the Trust faces in recruiting registered nurses to fulfil our required staffing establishment and recruitment continues to be very challenged in the UK for all NHS Trusts.

3. Methodology

In line with NQB guidance the Safe Staffing Inpatient review has been undertaken utilising the following methodology:

- Safe Staffing Review meetings with the Ward/Senior Matron/Manager. Ward and Department visits facilitated by the Trust SafeCare lead.
- The use of the Safer nursing Care Tool (SNCT) - Shelford Acuity and Dependency Tool with specified multiplier for each specialty and Birthrate Plus.
- Triangulation of the above with quality metrics, workforce metrics and workflow using standard proforma (appendix 1), by CBU's to support Trust report.
- Safe Staffing Highlight/Exception report proforma prepared by HoN from each CBU to workforce lead – Budgeted establishments report for information only -(appendix 2).

Safe Staffing Tools Acuity/Dependency data collection

The Ward Matrons/Heads of Nursing supported by the SafeCare Leads have utilised the most appropriate tools and multipliers available, to help to inform the current staffing levels whilst acknowledging the limitations of each tool. The tools deployed (Shelford and Birthrate Plus) utilise acuity and dependency assessments on the patients on the ward as an indicator of associated activity. They do not separately record ward activity, for example admissions and discharges, all patient transfers and escorts. No national workforce tool can incorporate all factors therefore the tools may not accurately reflect fully the staffing requirement of some wards. Further for noting, some of the indicators are subjective and therefore accuracy of the tool is limited by the skills/perception of the assessor.

Other indicators used

A workforce review template supported triangulation and analysis of quality metrics, including incidents, complaints, Workforce Metrics including, sickness absence, bank and agency use, vacancies and turnover, PDR/Mandatory training were used in the review of the wards. These further supported a qualitative and professional judgement method to increase confidence in recommending staffing levels and provide a balanced assurance.

4. Progress to date

NHSP/Staff Bank : Clear discussions with NHS Professionals (under the leadership of the Director of Nursing and Midwifery) commenced in Q4 raising concerns regarding supply and demand. Therefore in partnership with NHSP actions are being taken to ensure nurse supply is available as a matter of urgency, inclusive of increased numbers to the Care Support Worker Development (CSWD) programme.

HealthRoster: As of 1st April 2017 all inpatient wards are using the system. Refining of the systems and its supportive reporting commenced in April 2017 via daily Matron staffing safety huddles. These will be audited and reviewed at the end of Quarter 1. The roll out of the HealthRoster programme is now completed for all inpatient wards as of March 2017 with all respective areas now using the system and implementation is underway within theatre departments across SDGH and OGDH sites.

The Safe Care Leads continue to work with ward leaders to improve the quality of their rosters to ensure greater benefits realisation and improved use of clinical staff as detailed in the Carter Review (2015).

Nursing Associate pilot site – A regulated health care role: Southport and Ormskirk were successful in becoming a 'Fast Follower Test Site'. The programme is in response to 'The Shape of Caring Review' (Raising the Bar) published in March 2015, and has been developed in conjunction with local Higher Education Institutes (HEI's). Expressions of interest were advertised and a cohort of 3 successful candidates from within the current workforce commenced the programme in April 2017.

Assistant Practitioner – A role that delivers health and social care alongside registered healthcare professionals: Consideration of further Assistant Practitioners - gen (approx x10) via an apprenticeship route in collaboration with Southport College and the University of Cumbria with a potential to commence in Sept 2017.

Band 3 Therapy Assistant role (Pilot): Urgent Care are currently trialing a generic role at band 3 to support enhancing nurse staffing establishments and deterioration of patients.

Apprenticeship Levy: The Trust has activated the digital Apprenticeship Levy with particular

emphasis on recruiting all band 2 HCA's into apprenticeship training posts from 1st April 2017.

Local School of Nursing: The Trust is currently working with Southport College and the University of Cumbria to develop a local school of nursing via the nursing degree apprenticeship standard which is potentially ready to deliver from Sept 2017.

Acorn Nurses: Health and Social Care locally delivered and placed at Southport and Ormskirk Hospital. This is a 2 year programme delivered at our local Further Education facility with placements provided in the organization. Currently in second wave of recruitment of x20 with future opportunities for staff to progress and opportunities to commence further career progression routes.

Armed Forces recruitment opportunities: For a 3 month period the Trust is actively advertising job opportunities to Military personnel and reservists looking to move from military life into Civvy Life.

Support from NHS Improvement (NHSI): Director of Nursing has made contact with NHSI lead for workforce, Mark Radford who has agreed to support the organization and will be attending the Trust in June 2017 to pilot the NHSI workforce tool kit and provide support to our teams.

5. Current Position

From the Methodology described each Head of Nursing has completed a Safe Staffing Highlight Exception Report using the Trust ALERT, ADVISE, ASSURE process.

Table 2 -Trust wide ALERT, ADVISE, ASSURE summary:

ALERT			
Trustwide			
Registered Nurse Vacancies – 46.86 WTE (23/03/2017)			
Non Registered Vacancies – 42.84 WTE (23/03/17)			
National Vacancy rate 10%			
<ul style="list-style-type: none"> Challenged by vacancies especially at band 5 level. A&E had investment in nursing budget to improve staffing however the vacancy rate remains at 24.18% for March 2017. Sickness and absence levels remain above Trust target of 4.75% and shifts often go unfilled. Registered nurse absence for March 2017 = 5.94%, Non Registered = 8.74%. 			
Recruitment and Retention			
The figure below shows the total whole time equivalent (WTE) numbers of nurses in quarter 4 that are going through or have completed their pre-employment checks and are due to commence in the coming months.			
Registered Nurse posts within recruitment process awaiting start dates– 77.85 WTE (23/03/17)			
Non Registered posts within recruitment process awaiting start dates– 42.84 WTE (23/03/17)			
Table 1a -Staff Bank/Agency			
Trust Fill rate (October 2016 - March 2017):			
	Reg	Non Reg	Total
Trust	93.68%	104.89%	97.63%

Planned	93.98%	105.55%	98.99%
Urgent	91.67%	107.62%	97.21%
W&C	98.04%	94.02%	96.98%

Table 1b – March 2017
Comparing Trust Performance Nationally and Locally:

	% Bank	% Agency	% Unfilled	% Overall Fill
National	54.5%	22.8%	22.7%	77.3%
Northwest	57.7%	11.5%	30.7%	69.3%
Southport	59.9%	13.4%	26.7%	73.3%

Southport Trust has the highest Bank fill compared to the National and Northwest averages. Overall fill and Agency fill is higher than the Northwest performance but lower than National.

Trust position

- Heavy reliance on temporary workforce
- Escalation areas are used to support patient flow, i.e. Ambulatory Care Unit (ACU) used as an escalation area when demand for bed capacity increases, overstretching workforce to nurse additional patients.
- Over reliance on substantive staff to pick up additional unfilled shifts.
- Patients with Mental health conditions and 1-1 nursing support to maintain patient safety.
- Despite high bank fill nationally and regionally, shifts referred to NHS Professionals (NHSP) go unfilled. Discussions with NHS Professionals, under the leadership of the Director of Nursing and Midwifery, commenced in Q4 which raised concerns regarding supply and demand. Partnership working with NHSP support the actions being taken to ensure nurse supply is available as a matter of urgency, inclusive of increased numbers to the Care Support Worker Development (CSWD) programme. The Nursing and Midwifery workforce lead meets monthly with NHSP regional and local leads.

Recruitment and Retention

Registered Nurse posts within recruitment process awaiting start dates– 77.85 (23/03/17)

Non Registered posts within recruitment process awaiting start dates– 42.84 (23/03/17)

- Skill mix deficits evident in some areas.
- Patient acuity and dependency is high, patient demographics with elderly frail population, co- morbidities require higher levels of nurse input balanced against meeting the needs of unplanned admissions.
- Patient flow remains a challenge.
- The high level risk to safe staffing is enabling ward managers in supervisory time (Francis 2013). Deep dive to commence to ward establishments to ensure 80% supervisory status is established for all inpatient ward managers to assure staff are supported in working to competency, education and training (including mandatory training) and patient safety is maintained. Further to this is the time to review and audit staffing levels and build strong relationships with Human Resources and communications team to develop robust advertising for staff recruitment and retention.
- Bed occupancy remains high and above recommendations to particular areas across the Trust.

- Environmental factors / ward facilities require elements of upgrading and some ward/department layouts hamper visibility.
- Clinical areas do not have housekeepers.

Urgent Care

- Patient acuity and dependency is high, patient demographics with elderly frail population, co- morbidities require higher levels of nurse input balanced against meeting the needs of unplanned admissions. Turnover in areas such as SSU can be fast and increases demand on nursing time.
- Additional temporary ward supporting patient flow across peak winter pressures impacts further on trusts substantive and temporary nurse staffing requirements.

Planned Care

- Planned Investigation Unit (PIU) -The original ward's purpose was to accommodate planned admissions and day cases including diagnostics.
Due to the acuity of patients attending the hospital through A&E this has changed- so instead of admitting day cases and diagnostics, PIU cares for different specialties such as Orthopaedic and Medical outliers. PIU has also seen an impact with the move of 15A to H ward at Ormskirk site- this is due to the reduction of surgical beds on the Southport site by 12 in total.
- The Admission/ Discharge Lounge sits within PIU's current budget. This is situated on Ward 7B. The Admissions Lounge is often used as an escalation area in times of bed shortages- thus has an impact on the day to day business for elective activity within Planned Care.

ADVISE

- New Director of Nursing commenced in November 2016 and immediately recruited a senior nurse to lead on workforce review (Assistant Director of Nursing).
- Ongoing proactive campaigns and concerted efforts to recruit to vacancies.
- Safe staffing levels are noted through trust systems as achieved but are a challenge and are not sustainable – deep dive into data collection systems, utilisation and refining of current tools along with interpretation is required to provide robust assurance.
- Adult A&E has an action plan to reduce vacancies and is exploring potential of mental health nurses and paramedics.
- Due to the national difficulties in recruiting paediatricians the current nursing establishment has been reviewed to support this which includes 5 trainee Advanced Paediatric Nurse Practitioners (APNP) and one trained. There are also 2 trained Emergency Nurse Practitioners in A&E There are plans in place to further develop other nurses in these roles to fill gaps in the medical rotas.
- The Paediatric Assessment Bay was omitted from a staffing review in 2016 resulting in the Paediatric department losing 3.0 WTE Band 3 HCA's from budgeted establishment. These posts are essential to the functioning of the Assessment Bay and therefore this has meant an over spend on the Paediatric budget.
- Activity in the Paediatric A&E department has increased year on year with no additional staff. A staffing review completed, business case is being put forward to increase staffing levels by 2.7 WTE nurses.
- Need for an acuity tool to be implemented on the Delivery Suite.
- Support roles have also been reviewed with 2 Assistant Practitioner trainees in post with plans to develop more support workers in these roles.
- The Trusts automated recruitment system (TRAC) has seen both benefits and weaknesses; some delays are evident re process issues.
- Winter escalation ward 7B will cease from May 1st 2017 and proposals for discharge lounge

awaiting approval.

- High proportion of HCA vacancies have been recruited to with x16 WTE at the end of Q4, with additional HCA roles appointed to support shortfalls in current RGN workforce
- Currently recruiting to Practice educator post.
- Review of nursing team who support deteriorating patients across the Trust -Outreach nurse team, and scoping potential to improve and expand on current service provision.
- Community Services transfer on the 1st May 2017, the impact on discharge planning and specialist roles are not fully understood.
- There is potential under reporting of 'Red Flags' (triggers to escalate concerns when there is a risk to quality and patient safety) issues via Datix - Alerts from DATIX extended to senior nursing levels to assure on issues and supportive actions.
- Agency changes and confusion from National decisions that have been withdrawn have impacted on ability to secure agency nurses and work is ongoing to encourage nursing agency workers to join the trust NHSP bank or take substantive posts.
- Ward manager/ matrons dashboards are completed to support staffing priority focused KPI's.

Urgent Care

- Stroke patients/ Hyper acute plan submitted to develop a bay to a hyper-acute unit. This will provide the patients with a 1:2 nurse to patient ratio to enable the close monitoring of the patient and gold standard.

Planned Care

- The CBU has recently agreed a business case for a Surgical Assessment Unit which will be incorporated within the Admission/ Discharge Lounge. (Funding out to tender).
- Theatre vacancies were identified as a concern and a 'Must Do' in the CQC Report 2016 however vacancy figures including contract offers and staff leavers demonstrate an increase in accepted offers of posts with a decrease in vacancies from 15.74 WTE in April 2016 to 9.5 WTE March 2017.
- Proposed patient flow coordinator role to ensure elective patients experience is enhanced and Matrons are operationally released to concentrate on the top 10 key performance indicators.
- Funding request to support training of x3 WTE ANP's to ensure Safe and Efficient running of the Surgical Assessment Unit.
- Environmental improvements to support additional care areas for nursing and therapy staff collaboratively.
- Considered generic roles continue to work towards assuring adequate staffing levels.

Maternity

- Whilst Maternity Services use Real Time staffing and SafeCare there is a need for an acuity tool to be implemented on the Delivery Suite.
- The teams is currently developing pathways of care to provide antenatal and postnatal care for women booking out of area. This is to provide continuity for women and to enable the tariff to be claimed for all maternity care. This will be additional activity that was not taken into consideration by Birthrate Plus.
- The National Model of Supervision ceased at the end of March 2017 and is being replaced by a new model of midwifery supervision, A-EQUIP, an acronym for advocating and educating for quality improvement.
The Supervisors of Midwives have provided 24/7 cover for the Maternity Unit as part of their

role and have come in to work in the unit at times of increased activity or very short notice sickness absence. From March 2017 this has now also ceased. Contingency plans have been put in place to address this and the Service will monitor the impact and act accordingly. Guidance regarding this new model and how it will be implemented is expected to be published in April 2017. In the meantime our current Supervisors of Midwives have agreed to continue to support the midwifery workforce.

ASSURE

- The Director of Nursing and Midwifery has made contact with NHSI national lead for workforce (Mark Radford) who will be attending the Trust in June 2017 to provide support to our teams.
- Staffing levels reviewed in line with RCN and Best Staffing Levels Tool, Safer Nursing Care Tools (SNCT), Birthrate Plus, British Association of Perinatal Medicine (BAPM).
- Safecare Model is becoming embedded to assist monitoring of staffing levels, nurse to patient ratios and acuity going forward.
- The current Safe Staffing budgeted establishments across all Clinical Business Units (CBU) reflects as per national guidance however does require review to assure supervisory time is given to ward managers as per Francis report (2013).
- Specialist Nurses Job Planning is being reviewed and in its infancy.
- E Roster- published staff rosters with a minimum of 4 weeks in advance working towards 8 weeks commencing April 2017.
- Monthly reporting and publication of fill rates on unify as per statutory requirements.
- Over recruitment of HCA vacancies to support staffing levels.
- Continued delivery of Care Support Worker Development (CSWD) programme. Since meeting with the Director of Nursing and Midwifery clear discussions have taken place with NHSP around capacity and demand and a need to increase cohort numbers urgently.
- Commitment to supportive nursing and generic roles ie Nursing Associate role, Assistant practitioner role.
- Introduction of patient safety nurses in Adult A&E into establishment with demonstrable patient safety improvements via audits owned by the department (Sepsis, head injury, National Early Warning Score (NEWS)).
- Student nurse places maximised and proactive recruitment prior to qualifying.
- National decisions that have caused some confusion regarding Agency changes have impacted on ability to secure agency nurses. This is monitored through HR/Workforce indicators with clear direction and support from the Executive team.
- Care Hours Per Patient Day (CHPPD) implemented and reported monthly – this supports Lord Carters (2015) recommendations against setting appropriate staffing levels with a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.

Planned Care

- GIRFT – Outputs from the orthopaedic Get it Right First Time is having a positive impact for patient safety and experience. This also could also reflect against theatres utilization and staffing.
- Introduction and active recruitment ongoing x2 WTE Surgical Advanced Nurse Practitioner (SANP) roles to support patient safety and experience and provide rest periods for Resident Medical Officers (RMO) on the site at Ormskirk.

Urgent Care

- Engagement of key stakeholders in ECIP delivery and ED subgroup / Urgent care within the Trust Urgent care Stop the pressures work steam (front door).

- Critical care network review.
- Introduction of patient safety nurses into AED establishment with demonstrable patient safety improvements via audits owned by the department (Sepsis, head injury, NEWS and escalation).

Maternity

- The roles and responsibilities of staff are outlined in the Maternity Services 'Staffing Levels' guideline No 23 and are based on recommendations from Birthrate Plus, Safer Childbirth (2007) and NICE staffing guidelines (2015).
- The majority of midwives and healthcare assistants work rotationally throughout all areas within the Maternity Unit to maintain skills and competencies.
- There are a small core team of Midwives in each setting to give stability and to support succession planning.
- In 2014, Maternity Services was assessed as inadequate in the Safe and Well Led. Over the last 18 months the focus has been on supporting and developing junior midwives and clinical leaders and improving the culture and retention to ensure stability and effective leadership. This has resulted in achieving 'Good' in leadership at the last CQC assessment.

6. For Further Note

- Where wards are not able to cover the third Registered Nurse on a shift with either a permanent member of staff or a temporary member of staff who is familiar with the ward they have used an experienced Healthcare Assistant rather than have a temporary Registered Nurse who is new to the area.
- Senior Matrons and Ward matrons have acted proactively by moving staff between wards on a short and medium term basis to ensure equity of cover.
- Ward matrons clinical input is considerable at times and continues to support the safe staffing of each ward. These clinical hours are not routinely captured on either HealthRoster or the Unify data.
- Senior Nurses continue to contribute to additional temporary cover across the Trust with particular additional support offered over public holidays to assure safe staffing is reviewed and supported against patient flow challenges.

7. Actions

Actions - Bi annual Nurse establishment Safe Staffing Report				
Actions	Q1	Q2	Q3	Q4
Nurse Staffing Bi-annual review reported to Quality and Safety Committee (QSC) and Executive Trust Board	X		X	
Bi - annual review for Nurse staffing		X		
Close winter pressures Ward 7B	X			
Workforce plan for Nursing and therapy completed	X			
Trust Workforce Strategy reviewed and ratified	X			
Specialist Nurse review completed to support new roles and responsibilities across the Trust		X		
Specialist Nurse review recommendations reported to Trust Board and QSC			X	
Rostering Policy ratified	X			
Establishment uplifts and recruitment commenced to Paediatric posts (2.7 WTE Reg, 3.0 HCA).		X		
Establishment deep dive with report to Finance and performance and Investment (FPI) to support 80% supervisory status for managers – currently at 40% in Healthroster	X			
Recruitment and retention processes reviewed and actioned (inc TRAC)	X			
Embed attendance (sickness) policy and implement health and wellbeing initiatives		X		X
Embed and refine use of SafeCare model and Healthroster and complete Audit	x			
Commence work with NHSI National Workforce team	X			
Nursing workforce lead commence networking to support future recruitment initiatives ie visit good performing trusts	x			

Carol Fowler
Assistant Director of Nursing and Midwifery (Workforce)

Workforce Review Template
Proforma

Area:

Completed by:

Matron: **Ward/ Dept Manager**

Date:

Registered WTE Budget	Registered WTE Actual	None Registered WTE Budget	None Registered WTE Budget	Registered to non-registered ratio	Bank/agency spend	Pay budget position

Is your demand template correct?
What WTE does the roster require to cover it (according to e roster)
What is the difference between roster requirements and budgeted posts
What does the acuity monitoring suggest is required staffing levels

Multi-professional workforce reviewing.
What other roles are included in your WTE but are not nursing- -ie wider multidisciplinary team, AHPs/ Ward Clerk/ Housekeeper

Roles	WTE budget	WTE Actual	Comments re Multi-professional workforce planning

**Ward / Department
Clinical Service
Overview**

- 1. This would be the overarching description of the clinical services that you deliver**
- 2. This needs to be explicit so that anyone non-clinical can understand the service that you deliver, it's complexities and drivers, also any national drivers, for example ER operating framework, access targets.**
- 3. What are the operational service hours?**
- 4. What did the last national survey say about your area?**
- 5. What did your staff survey say about your area?**
- 6. Do ward geography/ layout/ estate impact**

<p>Current Position</p>	<ol style="list-style-type: none"> 1. What are your current pressures? 2. What do you do well and what is the evidence to support? 3. How many service improvement initiatives are you involved with? 4. What do you want to improve within the next 12 months / 2 years and 5 years?
<p>Staffing Model</p>	<ol style="list-style-type: none"> 1. As a manager are you supervisory? How many hours do you spend on visible clinical leadership and role modelling? 2. How do you assure yourself that the staffing levels are correct? 3. What tools and models do you use to benchmark / identify best practice models? 4. What is the escalation policy for staffing? 5. What are your registered to unregistered ratios per wte and per shift? What is the rationale for this and could you justify? 6. How do you know that your staff are supported and feel that they are able to raise concerns regarding safe staffing levels to you? 7. Do you know the percentage of training required to fulfil NMC and Trust mandatory requirement in your area? 8. What developmental plans or ideas do you have to develop and train your staff to ensure that they are fit for purpose? 9. How often do you meet with your staff? 10. How do you communicate? 11. Do you have a development plan for aspiring managers or clinical nurse specialist?

Data and Information to support workforce review	
Bed occupancy	
CHPPD	
LOS Data	
Reported delayed discharges	
Clinic activity/ footfall	
Information from safety thermometer	
Pressure Ulcers	
Falls	
UTI	
Number of medication errors	
Overall % compliance with VTE scores	
Activity – Average number of admissions per day	
Discharges – Average number of admissions per day	
PDR / Mandatory training compliance	
What are the current fill rates	

Risk/ Incidents	
Red flag incidents re staffing	
No of complaints to date in year	
Risk register	
Breach of planned nurse to patient ratio	
Staff reported no breaks	

HR/ Workforce	
Staff survey	
Vacancy rate	
Turnover rate	
Sickness rate	
Maternity rate	
% of full time vs part time staff	
Compliance with E Roster KPIs	
Exit interview outcomes/ themes	
Teams age profile	
Protected management time for Ward leader- what is recommended vs actual	
Role redesign initiatives- ie therapy assistants	

AED	
Operating Framework	
Average activity plotted over 24 hours	
Major	
Minors	
Admissions/ conversion rates	

Theatres	
RT Theatre	
Utilisation	
Over runs	
Late starts	
Total activity in no of lists / average	

Specialist Nurse Job plan reviews	
Name/ Role	Comments from job plan reviews/ proposed changes