

Public Board Meeting

Report

Introduction

This report is provided to update the Board of Directors on Nurse, Midwifery & Allied Health Professionals (AHP) staffing based on the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance, the National Institute for Health and Care Excellence (NICE) guidance issued in 2014 and NQB 2016 guidance supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. The guidance is provided to ensure Trusts provide safe and effective nursing care through the provision of appropriate nursing establishments and skill mix for wards.

The monthly report is intended to bring to the attention of the Board of Directors any actual or potential Nursing, Midwifery & AHP workforce risks to enable the Trust to demonstrate compliance with safer staffing guidance.

A full summary of the position by ward has been provided at **Appendix 1**. The summary details 'actual' nurse staffing levels reported, comments related to safety for the ward and a number of predetermined patient outcome measures which are utilised by senior nurses to support decision making about future safe staffing requirements. **Appendix 2** provides the summary position by ward against the nurse sensitive indicators.

Monthly report – safe staffing

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. The information within **Appendix 1** details the summary of combined planned and actual staffing (trained and untrained) for all ward areas in the Trust for April 2019.

The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) and there was **0 red** ratings.

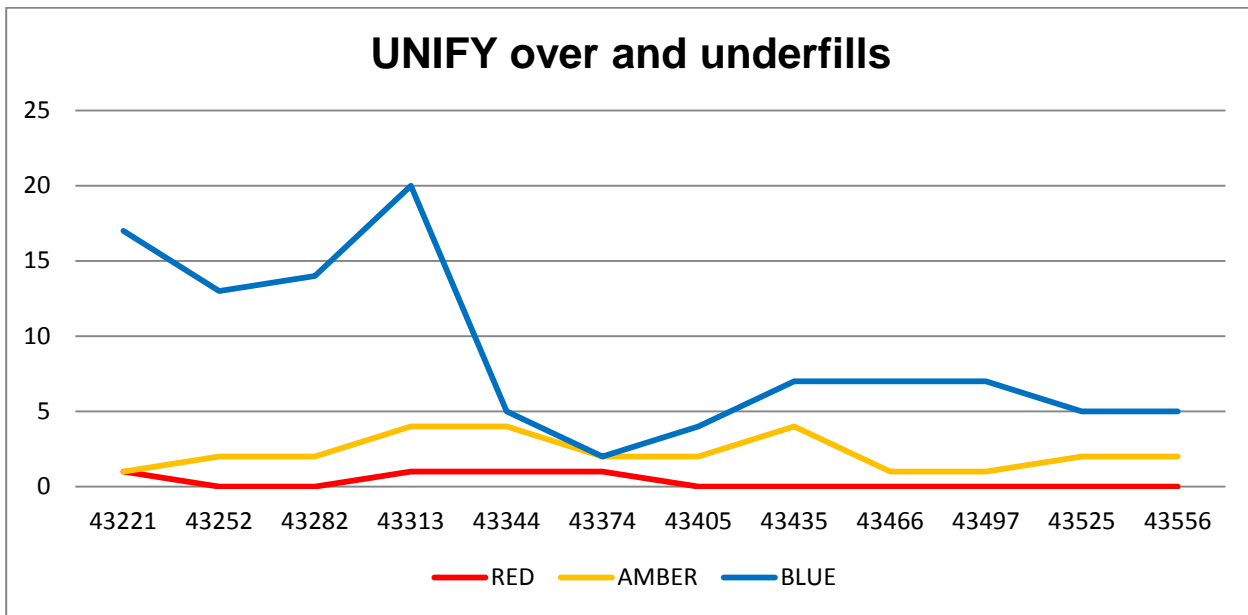
The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) and there were **2 amber** ratings.

April 2019 saw **5** wards of the 28 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) and the remaining **21** wards were **green** rating.

The rationale for each ward is captured in **Appendix 1** narrative, and demonstrates a predominantly typical monthly picture, and the patient experience and harms are demonstrated in **Appendix 2**.

Graph 1 and **table 1** below, displays over a 12 month period, where the Trust has not staffed to its expected planned level (**red** below 80% and **amber** between 80% & 90%) and the staffing fill rates above planned (greater than 110% **blue**).

Graph 1. Staffing over and under-fill captured through the Unify report



	RED	AMBER	BLUE
May 18	1	1	17
Jun 18	0	2	13
Jul 18	0	2	14
Aug 18	1	4	20
Sep 18	1	4	5
Oct 18	1	2	2
Nov 18	0	2	4
Dec 18	0	4	7
Jan 19	0	1	7
Feb 19	0	1	7
Mar 19	0	2	5
Apr 19	0	2	5

The UNIFY data continues to demonstrate a positive position on the number of overfilled shifts, and 21 wards are controlling their rosters between 90 – 110% fill rate.

There were no harms correlated to staffing within this period.

Divisional Nursing, Midwifery & AHP Updates:

Medical Division:

The Medical Division have been successful for their work on Ward 43 with the development of the Non-invasive Ventilation (NIV) service, and this has been shortlisted for three awards, HSJ Awards, RCP Awards and British Thoracic Society Awards. There is also an application into the Nursing Times Awards.

The vacancies in Ward 42 have substantially decreased and they are expecting to be fully recruited by September 2019. The Head of Nursing for Medicine and Deputy Chief Nurse has successfully recruited to the Ward Leader post on Sconce Ward at Newark Hospital and the successful candidate will commence week commencing 20 May 2019.

There are, in April 2019, 77.71 WTE Band 5 vacancies within the medical division, and there are currently 73.36 WTE Band 5 on the inpatient wards. The Medical Division has 17 International Registered Nurses (15 on site) who are training for their Objective Structured Clinical Examinations (OSCEs) over the next few months. There are an additional 16 Newly Qualified Registered Nurses who will commence in September/October 2019.

Surgical Division:

The Surgical Division has achieved a 2nd place in the British Medical Journal Awards for their work within Pre-operative Assessment. Day Case Unit has supported the winter pressures by providing an on-call rota to cover weekends and bank holidays. The Integrated Critical Care Unit has reduced the number of elective surgery cancellations this month.

The Surgical Division has 35.21 WTE Band 5 vacancies, of which 25.86 WTE Band 5 vacancies are on inpatient wards, with Ward 11/Assessment Unit and Ward 21 carrying the majority of the vacancies. The Surgical Division has one International Registered Nurse who will commence in June 2019, and has 15 Newly Qualified Registered Nurses to commence in September/October 2019.

The Surgical Division has successfully reduced their winter capacity from Ward 14 and there are plans in place for Ward 32 to return to a surgical ward.

Urgent & Emergency Care:

The division has had a successful business case to increase the establishment in the Emergency Department; this was approved and funded through the Clinical Commissioning Group.

The newly qualified Café has been positively evaluated and will continue for the remainder of the first year, and a second cohort will commence with the newly qualified in September 2019. The first cohort of the Urgent Care rotation has been evaluated well, and the Registered Nurses are now on their second rotation. Urgent and Emergency Care have worked collaboratively to improve the times of the Discharge Lounge to ensure earlier utilization.

The division has been successful at recruiting to all posts in the last year, and the Emergency Assessment Unit and Short Stay Unit will be fully recruited by September 2019. The Emergency Department currently has Registered Nurse gaps which are due to the approval of the business case, which is currently under an establishment review and scrutiny.

The division has 25.75 WTE Band 5 vacancies reported in April 2019, of which 25 WTE Band 5 vacancies are in the inpatient and emergency areas. The division has one International Registered Nurse currently working on Short Stay Unit and one further International Registered Nurse due to commence in June 2019. The division has 12 Newly Qualified Registered Nurses due to commence in September/ October 2019.

Women & Children Division:

The bi-annual Maternity Staffing paper is included in Appendix 3.

The Women & Children Division has had a successful Quality Summit for Maternity with the Chief Nurse and Medical Director. The division has an early establishment of Baby Friendly Gold Leadership Team, with assessment planned for September 2019. The division has established a new regional standard for neonatal services and partnership

working with Nottingham University Hospital for Level 2 babies.

The Women & Children Division has 9.43 WTE Band 5 vacancies, of which 8.93 WTE Band 5 vacancies are on the inpatient wards, and 3.0 WTE Band 5 vacancies are being held for review. There is one Newly Qualified Registered Nurse due to commence in September/October 2019 on NICU. All Registered Midwifery posts are recruited to, but the continued gaps are due to a large number of Midwives on Maternity Leave.

Diagnostic & Outpatients - nursing:

The division has the Ultrasound Team have been shortlisted for the 2019 HSJ Value Awards, and the winners will be announced in May 2019.

There is 1.0 WTE Band 5 post in Dermatology which will be recruited to in May 2019. The division has recruited to the Ward Sister's post on Fernwood Community Unit and this appointment is pioneering for the Trust as this is the first appointment of a therapist to a nursing leadership role. This post will be supported by a newly appointed Band 6 Deputy Ward Sister who will commence on the 3 June 2019.

Allied Health Professional recruitment:

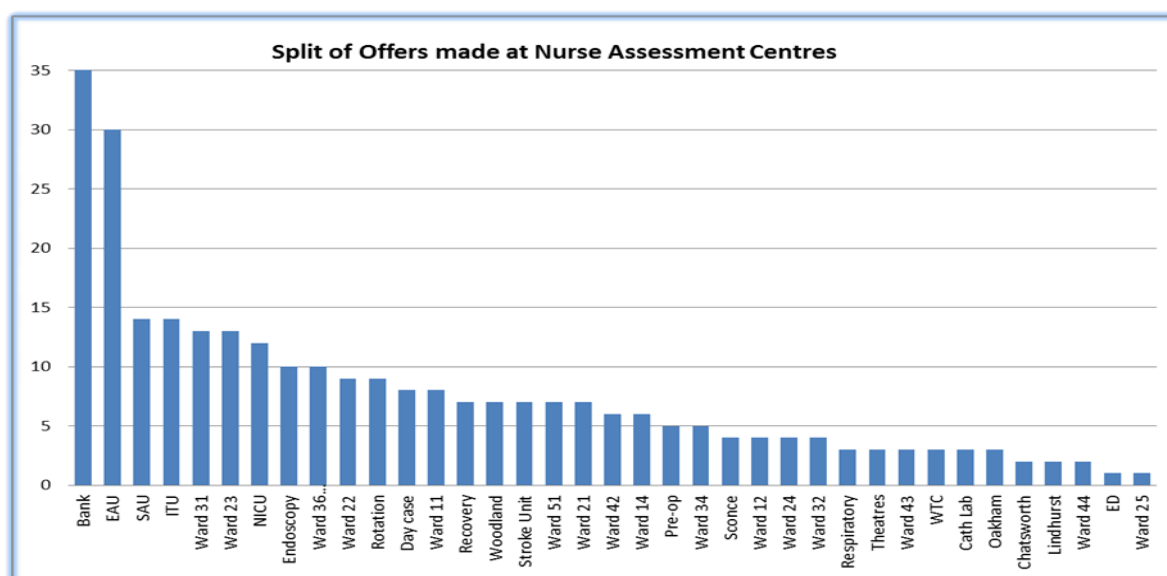
Within therapy services there are a number of vacancies, 1.0 WTE Band 7 Rheumatology Team Lead, and the interviews are due to take place in late May 2019. There is 1.0 WTE Band 8a MSK Physiotherapist with interviews planned for May 2019. The division has decided to create a rotation programme for Band 6 Occupational Therapist as these posts have been historically difficult to recruit. The response has been very good and there have been 10 candidates shortlisted.

Within Radiology services there are several vacancies, 0.49 WTE Band 6 is going to be utilised to convert a Band 5 post to Band 6 which will enhance the service, and a Quality Impact Assessment will be completed to ensure that there is no quality and safety risks to the patient and the Trust. There are 4.0 WTE Band 5 Radiographer posts, and these will be advertised and recruited over the next few weeks. The Band 7 Sonographer post is currently out to advert, and the recruitment process is being coordinated by the division.

With the Pharmacy Service there remains the 8a 1.0 WTE post which the division remain under consideration, and reviewing different recruitment approaches. There are 4.37 WTE Band 7 posts which the division has plans to recruit to over the coming months. There are 5.0 WTE Band 6 posts which 3.0 WTE been recruited to and they will commence in September 2019.

Assessment Centre:

The Band 5 Assessment Centre has continued to operate monthly and is continuing to attract Band 5's to the Trust. The graph below demonstrates the number of recruits to the Trust from April 2018, and includes Band 5's that are currently in the recruitment process. The Assessment Centre for May and June will be on focused areas and this will be reviewed by the Nursing, Midwifery & AHP Taskforce Steering Group in July to evaluated effectiveness. The recruitment for Nurse Bank and EAU continues to be positive, particularly for EAU as this is due to the rotational programme with ED.



International Registered Nurse recruitment:

There has been a successful recruitment campaign with Health Perm Recruitment Agency, and 20 International Registered Nurses have been recruited from the Philippines and India. Cohorts 1 & 2 are now on site and working towards their Objective Structured Clinical Examinations (OSCEs), Cohort 3 is due to arrive on 23 May 2019, and this will make a total 16 International Registered Nurses. Cohort 4 is scheduled for June 2019.

Date to commence:	Cohort:	Ward:	Number allocated:
25 February 19	1	24	2
25 February 19	1	42	3
12 April 19	2	51	2
12 April 19	2	Stroke Unit	3
12 April 19	2	43	1
12 April 19	2	SSU	1
23 May 19	3	41	2
23 May 19	3	Oakham	1
23 May 19	4	22	1
TBC	4	SSU	1
TBC	4	21	1
TBC	4	43	1

Cohorts 1 have their OSCEs scheduled for the 13 June 2019 and Cohort 2 are booked for the 25 July 2019.

Nursing Associates:

In September 2018 the NMC supported the changes to the Code (NMC 2015) and the new Standards of Proficiency for Nursing Associates. The Code was amended to reflect the joining to the Register for the Nursing Associates in February 2019. The Standards of Proficiency for Nursing Associates has similarities to the Registered Nurse, but is described as the care giver and the Registered Nurse is the assessor, evaluator and planner of the care.

The National Quality Board (2018) 'An improvement resource for the deployment of nursing associates in secondary care' and the Care Quality Commission (CQC, 2019) 'Briefing for Providers: Nursing Associates' has been reviewed, the requirements and

recommendations for Trusts in the deployment of Nursing Associates have been considered. The Trust has reviewed and a gap analysis undertaken to establish any additional changes the Trust needs to undertake to safely deploy Nursing Associates. There are two amber elements of the gap analysis which are being addressed.

Regulation 18 - staffing	Develop local guidelines to ensure that existing staff understand the rationale for deploying Nursing Associates	A Standard Operating Procedure will be developed for the deployment of Nursing Associates, and the rationale for payment of the Nurse Bank rate of Pay (Band 2) on non-Nursing Associate ward areas	A
Regulation 17 – Good governance	Act on feedback from people using the service, those actions on their behalf, so that the Trust can continually evaluate the service and drive improvement.	The Trust will undertake quarterly survey monkey for staff to complete on the Nursing Associate role, however these posts are currently not registered with the NMC.	A

The development of a Standard Operating Procedure will be undertaken due for approval by the Nursing, Midwifery & AHP Board in June 2019. The Trust will not be able to obtain feedback about care and treatment provided by Nursing Associates until they have been in post for at least three months.

Gap Analysis - Developing Workforce Safeguards – nursing & midwifery:

The gap analysis for developing workforce safeguards for nursing & midwifery was presented to the Board of Directors in February 2019 with one remaining action outstanding:

1. Chief Nurse to confirm in a statement to Board of Directors that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	The Chief Nurse to confirm in a statement to the Board of Directors that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable. This has been reported to the Board of Directors in May 2019, in the bi-annual Safe Staffing report to Board of Directors – Appendix 4.	G
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This will now form part of the bi-annual safe staffing update for the Board of Directors. In November 2019, the safe staffing updates for the Board of Directors will be inclusive of safe medical staffing and a statement from the Executive Medical Director will be included.

Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (National Quality Board, 2016):

As part of the Trust’s safe staffing this document will be reviewed and a gap analysis will be undertaken in line with national guidance. A gap analysis has been formulated against the expectations and the senior nursing, educational leads and AHP Leads are developing a robust action plan to ensure the Trust’s meets these recommendations.

The three expectations are:-

Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve - <ul style="list-style-type: none"> - Patient outcomes, people productivity and financial sustainability - Report investigate and act on incidents (including red flags) – <ul style="list-style-type: none"> - Patient, carer and staff feedback - 		
<ul style="list-style-type: none"> - Implementation Care Hours per Patient Day (CHPPD) – - Develop local quality dashboard for safe sustainable staffing - 		
Expectation 1:	Expectation 2:	Expectation 3:
Right staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimizing agency

This action plan will be reported in June 2019’s board papers.

NICE guidance – Safe Staffing:

In July 2014, National Institute of Clinical Excellence (NICE) printed the ‘safe staffing for nursing in adult inpatient wards in acute hospitals’, this has not had a gap analysis completed as part of the safe staffing agenda within nursing. Therefore, this will be undertaken and reported to the Board of Directors in June 2019.

There will be a full review of all NICE guidance in relation to safe staffing in Midwifery and Paediatrics in August 2019.

International Registered Nurses working as Healthcare Assistants:

There are, within the Trust, a significant number of International Registered Nurses working as Healthcare Assistants – approximately 30 nurses. The business case has been approved and work is underway to develop the support Programme for a further 10 nurses. This programme will commence in September 2019.

There are four Healthcare Assistants that have through self-determination continued to regularly undertake their International English Language Tests (IELTs) and they have their NMC Decision Letter to proceed to the OSCEs, one is to book their date, two has booked their OSCEs and the fourth has completed the Computer Based Test and is awaiting to receive their decision letter from the NMC. These nurses have been invited to join the current OSCE programme to support their clinical skills.

Newly Qualified Registered Nurses:

There are currently 49 Newly Qualified Registered Nurses due to commence in September/October 2019, and they are allocated to:-

Division:	No. NQN:
Medicine	16
Surgery	16
Urgent Care	12
Women & Children	1
Newark	3
KTC – OPD	1

There has been planning work with Training & Development Department to ensure that there is sufficient capacity on the Orientation and Induction programmes in September and October 2019 to ensure that these nurses can commence as soon as possible.

Breaches of the Safe Staffing Standard Operating Procedure (SOP):

There were two Safe Staffing breaches on Oakham Ward at Mansfield Community Hospital, and there were plans made by the division that were not enacted by the out-of-hours team. The Root Cause Analyses have been completed and themes and trends have been discussed at Nursing, Midwifery & AHP Board in May 2019.

Maternity Closures:

There were three maternity service closures during April 2019, which were due to acuity and number of labouring women during these periods.

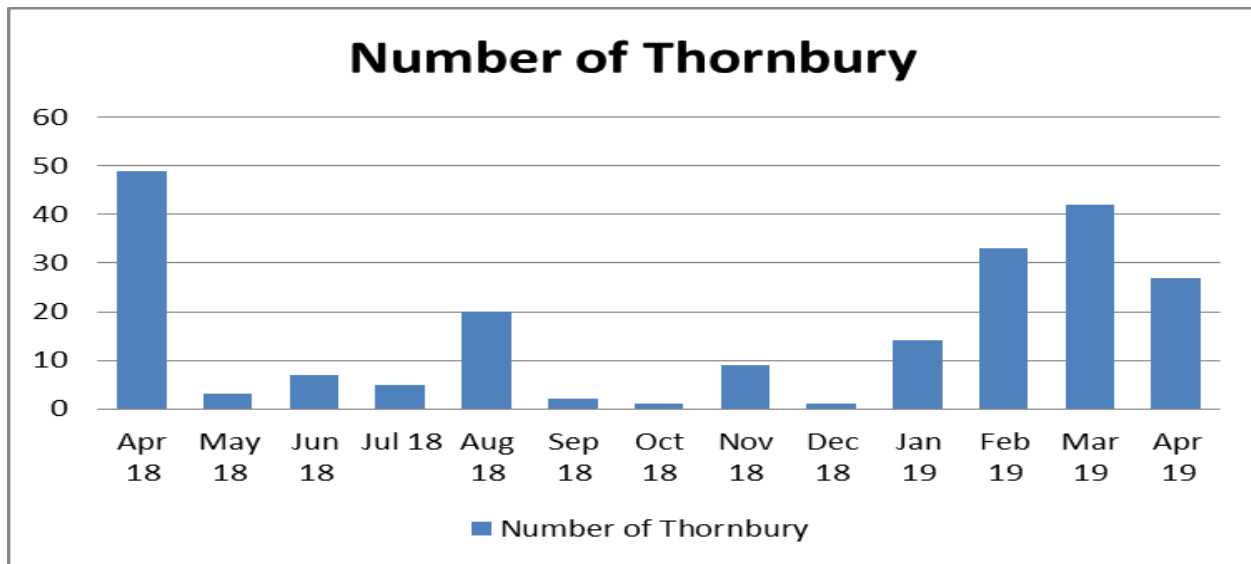
There is a full paper on Maternity Services Closure for 2018/19 within the Reading Room on BoardPad.

Maternity Services safe staffing bi-annual update:

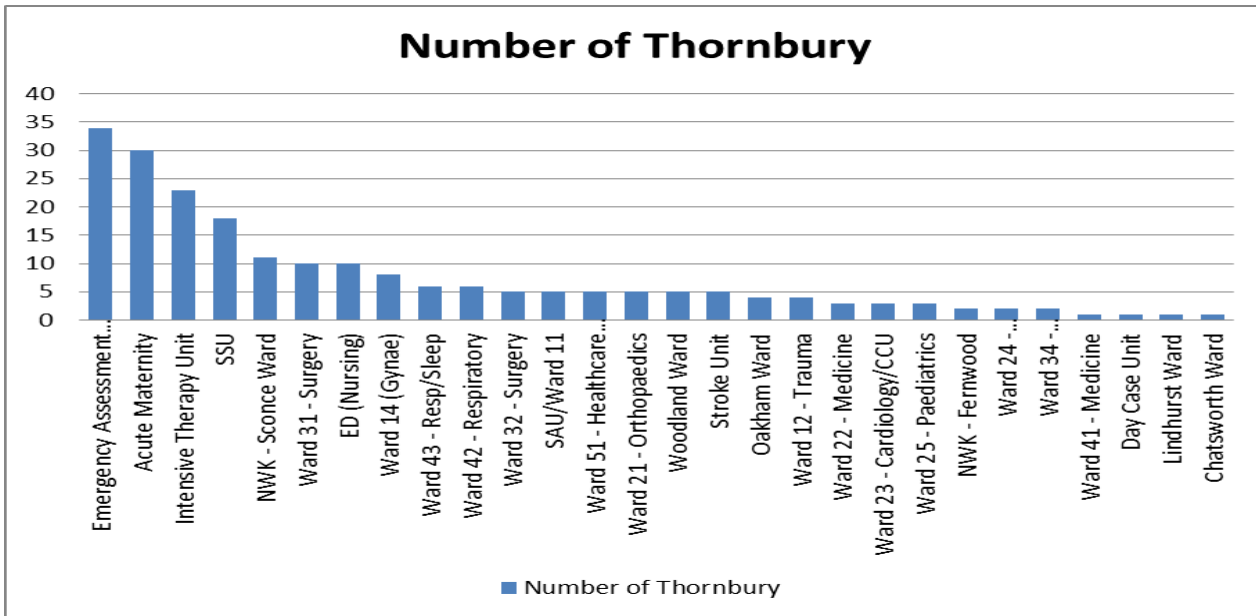
The Maternity Services safe staffing bi-annual update is attached in Appendix 3.

Thornbury Usage:

From April 2018 to April 2019 there were 213 Thornbury Nursing Agency shifts used across the Sherwood Forest Hospitals NHS Foundation three sites:

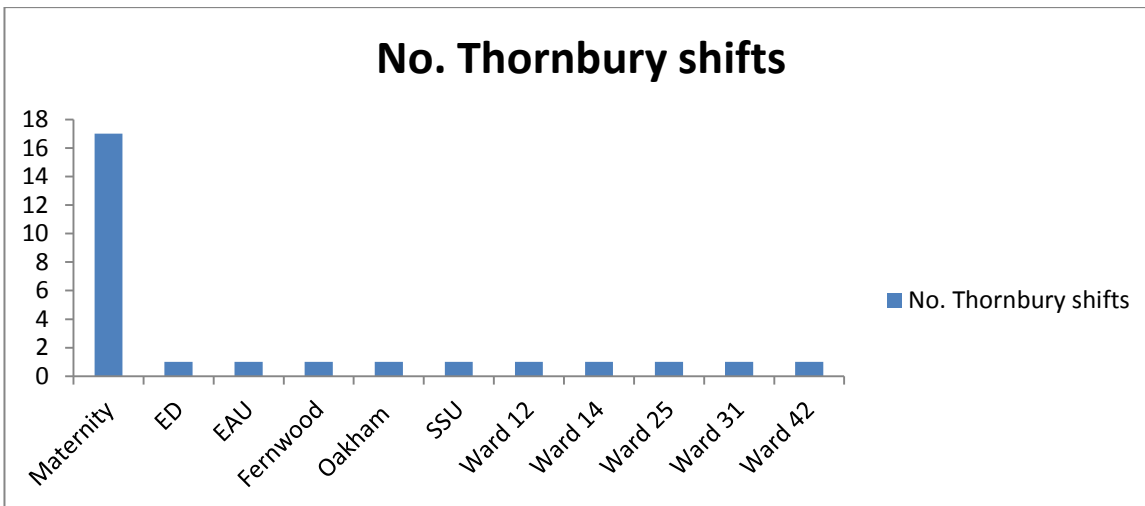


This is broken down into wards and departments over the 12 months to:



The Emergency Admission Unit is the highest users of the Thornbury Nursing Agency in 2018/19. This is due to the number of vacancies on the Emergency Admission Unit over the past 12 months. The Integrated Critical Care Unit is the second highest user, and this was due to a spike in activity in March 2019, when 12 shifts were required. There was two inpatient ward area which did not use the Thornbury Nursing Agency between April 2018 and March 2019 – Neonatal Unit and Ward 44 and this will be acknowledged by the Chief Nurse to the Ward Sister and Charge Nurse.

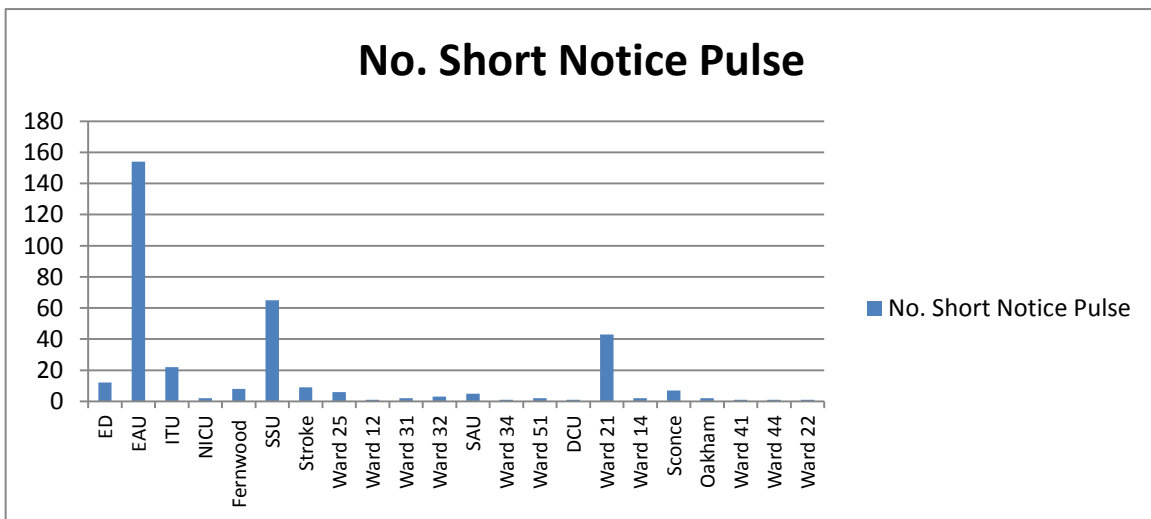
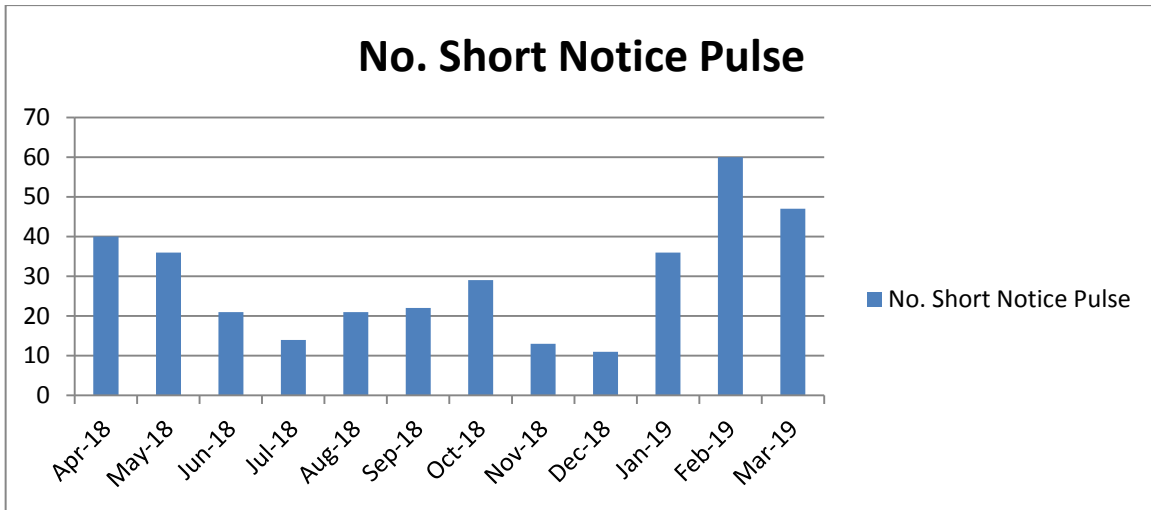
In April 2019 there were 27 Thornbury Nursing Agency shifts utilised:



Over the last two months there has been an increase in the number of Thornbury Nursing Agency shifts utilised for the Acute Maternity services. This information is triangulated with the Safe Staffing paper provided by the division (Appendix 3) and the Closure of the Sherwood Birthing Unit paper (Reading Room).

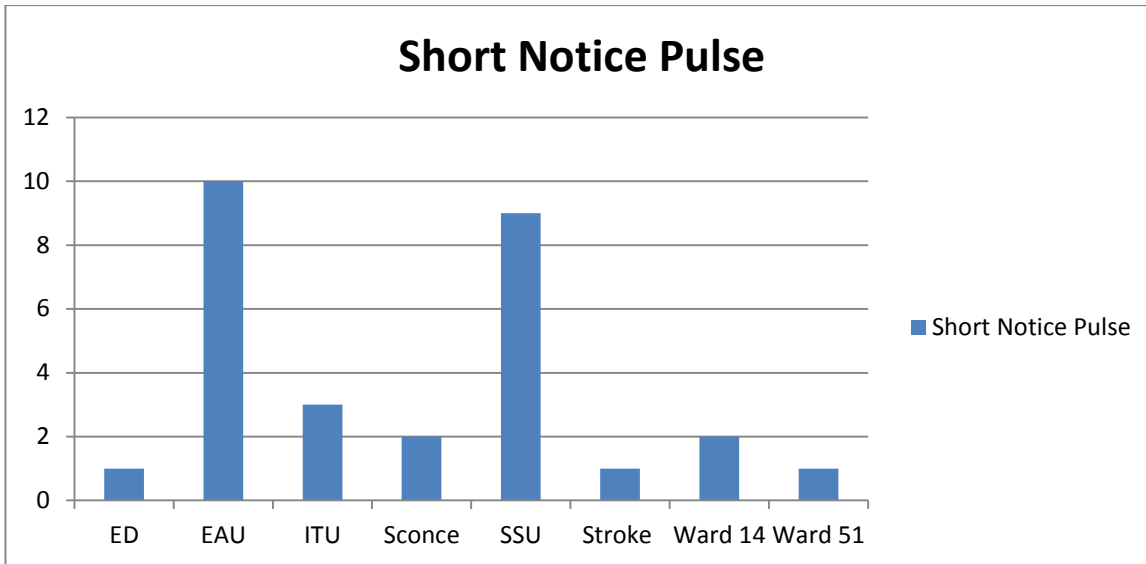
Short Notice Pulse Usage:

From April 2018 to March 2019 there has been 350 Short Notice Pulse shifts utilised, and this has been demonstrated on the following graph by month.



The three largest users of Short Notice Pulse were Emergency Admissions Unit, Short Stay Unit and Ward 21. Both EAU and Short Stay Unit have had significant number of vacancies throughout 2018/19, and the division has plans to close these by September 2019. Ward 21 had a high use of Short Notice Pulse to cover the winter pressures on the ward in February and March 2019.

In April 2019, there were 29 Short Notice Pulse shifts utilised.

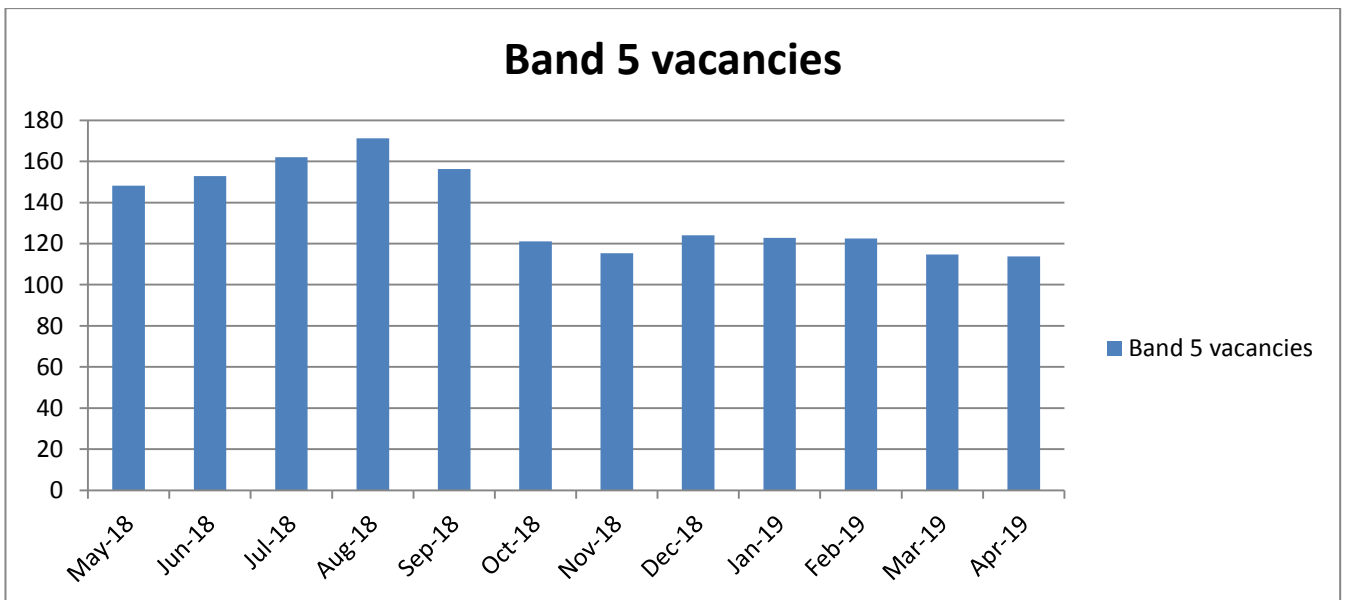


The two largest users of Short Notice Pulse remains EAU and Short Stay Unit, with plans for full recruitment by September 2019.

Vacancies:

In April 2019, Band 5 Registered Nurse vacancies decreased to 113.77 (15.5%), this is the lowest number of vacancies the Trust has had for the second consecutive month. This was achieved despite the establishment increasing by 11WTE.

Between May 2018 and April 2019 there was a 34.5 WTE reduction in Band 5 vacancies.



Attrition:

In April 2019, of the six (3.35 WTE) Band 5 Registered Nurse leavers, one was dismissed, one has been promoted, three retired and one did not give a reason.

FTE	Organisation	Destination On Leaving	Leaving Reason	Length of Service	Age Band
0.96	Ward 32	No Employment	Retirement Age	36y 8m	51-55
0.2	NWK - Outpatients	No Employment	Retirement Age	9y 3m	66-70
0.27	Ward 34	Education /Training	Promotion	3y 8m	26-30
1	Stroke Unit	Unknown	Dismissal	2y 1m	46-50
0.43	NWK - Outpatients	SFH	Flexi Retirement	8m	61-65
0.5	Woodland Ward	NHS Organisation	Voluntary Resignation	3m	61-65

Temporary staffing

Bank Registered Nurse shift hours worked have decreased in April 2019 by 21 WTE. In April 2019 on average 25.18% Registered Nurse shifts were covered by nursing agencies, and 64.95% by Trust employed Registered Nurse shifts on the Nurse Bank.

This high usage in the number of Healthcare Assistants over establishment continues to be a concern to the Nursing, Midwifery & AHP Taskforce Steering Group, and is monitored closely with controls in place.

Conclusion

Safe staffing review and escalation occurs continuously in line with Trust guidance, data is captured and monitored in line with national requirements. This takes place twice daily.

The continued focus on the usage of temporary staffing and other initiatives to ensure safer staffing has had a positive impact without impacting on the safe care of patients related to staffing.

Recommendation

The Board of Directors are asked to receive this report and note the actions taken and plans in place to provide safe nursing, midwifery and AHP staffing levels across the Trust.

Appendix 1

Appendix 1 - Staffing information. For the purpose of the RAS rating anything between 80% - 90% is amber and anything 70% and below is red rated														None sensitive indicators
Ward name	Overall	Registered medical professionals		Nurse Staff		Average fill rate - 2024		Registered medical professionals		Nurse Staff		Average fill rate - 2024		Narrative Please can you add your comments and narrative for areas highlighted in blue and red. Can you also please let me know any changes in agreed establishment as some areas appear out of range of what would normally be expected. The more info the better I have highlighted below where it looks different.
		Total hospital planned staff hours	Total hospital actual staff hours	Average fill rate - 2024 (planned/actual staff hours)	Total hospital planned staff hours	Total hospital actual staff hours	Average fill rate - 2024 (planned/actual staff hours)	Total hospital planned staff hours	Total hospital actual staff hours	Average fill rate - 2024 (planned/actual staff hours)	Total hospital planned staff hours	Total hospital actual staff hours	Average fill rate - 2024 (planned/actual staff hours)	
Planned care and surgery														
Ward 21 Orthopaedics	334	884.00	927.00	104.86%	798.00	740.50	92.79%	893.00	893.50	100.07%	363.00	342.00	94.21%	98.72%
Ward 12	715	1,852.00	1,347.00	86.79%	1,444.50	1,489.50	103.12%	987.75	987.75	100.00%	660.00	1,194.00	180.91%	108.05%
Ward 14	478	1,526.50	1,393.05	91.26%	915.30	1,236.60	135.10%	649.00	1,002.50	154.47%	330.00	705.00	213.64%	126.79%
Ward 31	683	1,444.90	1,193.60	82.61%	991.30	1,032.40	104.15%	990.00	1,000.50	101.06%	649.00	718.00	110.63%	96.79%
Ward 32	644	1,390.00	1,303.50	94.49%	1,076.00	1,481.33	137.67%	976.00	977.50	100.15%	660.00	1,409.00	213.48%	126.38%
SAU/Ward 11	540	1,801.50	1,725.50	95.78%	1,080.00	1,087.50	100.69%	1,463.50	1,456.33	99.49%	660.00	697.83	105.73%	99.32%
ICCU	236	3,643.75	3,381.00	92.79%	358.75	246.25	68.68%	3,225.00	3,048.67	94.56%	330.00	198.25	60.08%	90.98%
DCU	285	2,694.50	2,277.33	84.52%	1,433.50	1,068.50	74.54%	473.00	599.50	126.74%	253.00	272.50	107.71%	86.89%
Total	3512	13,927.15	13,917.98	99.70%	8,087.35	8,382.93	103.52%	9,485.25	9,758.25	102.85%	3,900.00	6,536.88	144.78%	102.13%
ICU	181	1,810.00	1,632.50	90.19%	345.00	299.50	86.81%	1,725.00	1,542.33	89.41%	345.00	310.50	90.00%	89.58%
Ward 25	397	2,345.75	2,311.50	98.54%	943.00	902.25	95.68%	2,067.50	1,741.83	84.25%	690.00	704.25	102.07%	93.61%
Eastern Maternity	553	3,959.42	3,898.82	98.47%	1,721.50	1,811.80	105.19%	3,460.00	3,178.00	91.84%	1,980.00	1,826.50	92.25%	92.60%
Total	1131	8,088.17	7,842.62	96.98%	3,009.50	2,613.38	86.84%	7,242.80	6,482.17	89.24%	2,415	2,341.25	96.95%	93.28%
EAU	1113	3,047.50	2,898.68	95.19%	2,519.00	2,696.42	107.12%	2,641.50	2,527.92	95.69%	2,310.00	2,448.42	105.91%	100.58%
Ward 22	699	1,435.00	1,290.50	89.93%	1,440.17	1,392.17	96.67%	990.00	990.00	100.00%	990.00	1,081.00	107.17%	97.50%
Ward 23	633	1,794.00	1,749.75	97.53%	720.00	807.00	112.08%	1,650.00	1,312.50	79.55%	330.00	694.00	210.30%	101.54%
Ward 24	694	1,440.00	1,092.00	75.83%	1,440.00	1,647.83	114.43%	990.00	991.00	100.10%	990.00	1,054.00	106.46%	98.45%
Ward 34	603	1,440.00	1,339.75	93.04%	1,080.50	1,426.17	131.99%	990.00	990.00	100.00%	990.00	1,155.00	116.67%	109.12%
Ward 36+38	1119	2,157.50	2,217.33	102.77%	1,798.00	1,881.08	104.62%	1,650.00	1,826.00	110.67%	1,320.00	1,421.50	107.69%	106.23%
Ward 41	693	1,454.33	1,186.25	81.66%	1,440.50	1,580.50	109.72%	990.00	990.00	100.00%	986.75	1,049.58	106.37%	98.86%
Ward 42	700	1,435.67	1,350.00	93.99%	1,056.00	1,541.00	145.93%	990.00	1,050.00	106.03%	990.00	979.00	98.89%	106.68%
Ward 43	650	1,944.50	1,735.77	89.31%	1,108.50	1,103.50	99.53%	1,650.00	1,630.00	98.79%	649.00	724.25	111.59%	98.16%
Ward 44	690	1,446.00	1,409.33	97.46%	1,080.00	1,274.33	117.99%	990.00	998.50	100.86%	990.00	1,041.75	105.23%	104.84%
Ward 51	708	1,452.00	1,126.00	77.54%	1,410.00	1,524.00	108.09%	990.00	990.00	100.00%	990.00	1,074.75	108.56%	97.37%
Ward 52	704	1,789.83	1,431.75	79.99%	1,797.17	2,149.75	119.62%	990.00	989.75	99.97%	990.00	1,571.58	158.75%	110.34%
Stroke Unit	774	2,798.00	2,748.25	98.54%	1,956.50	2,103.75	107.53%	1,650.00	1,650.00	100.00%	990.00	1,188.50	119.85%	103.98%
Enduro Ward	696	1,981.50	1,977.58	99.80%	1,080.50	1,462.17	135.32%	990.00	992.00	100.20%	660.00	756.50	114.62%	112.89%
Oakham Ward	689	1,984.50	1,984.92	100.04%	1,087.50	1,186.00	109.06%	987.25	977.50	99.01%	649.00	770.00	118.64%	105.52%
Scence Ward	913	1,072.50	1,421.50	132.58%	1,076.50	1,349.75	125.38%	990.00	1,351.75	136.51%	660.00	989.83	149.97%	133.79%
Fernwood	253	345.00	347.00	100.00%	676.00	619.50	91.64%	375.00	375.00	100.00%	675.00	634.00	93.93%	95.39%
Total	12,832	57,187.83	55,814.27	97.80%	32,736.83	33,736.33	113.14%	20,603.75	20,681.93	100.39%	16,189.75	18,609.87	114.94%	104.34%
Overall Total	17,375	80,219.15	78,905.97	98.29%	43,883.68	45,662.25	104.27%	37,501.00	38,609.33	101.62%	22,478.25	25,187.90	112.04%	103.12%

Appendix 2:

Appendix 2 – Unity staffing information. For the purpose of the RAG rating anything between 80% - 89% is amber and anything 70% and below is red rated													
Ward	RAG sensitive indicators												
Ward name	Combined Average Fill Rate - (%)	Narrative Please can you add your comments and narrative for areas highlighted in blue and red. Can you also please let me know any changes in agreed establishment as some areas appear out of range of what would normally be expected the more info the better I have highlighted below where it looks different.	Falls Level 2-4	Pressure Ulcers Grade 2-4	Medication Management Grade 1, 2 & 3	Sickness	Registered Nurse Vacancies %	Appra %	Friends and Family		Patient Experience		
									%Resp	%Rec	Overall	Concern	Compla
Ward 21 - Orthopaedics	98.72%		0	0	0	0.00%	0.00	0%	68.1%	96.8%	0	0	0
Ward 12	108.05%	Over establishment of HCA's is for patients requiring enhanced observations.	0	2	0	6.01%	3.09	96%	22.9%	100.0%	0	2	0
Ward 14	126.79%	Additional winter capacity continues with extra RN and HCA shifts out	0	0	0	0.00%	0.00	0%	3.9%	100.0%	2	3	0
Ward 21	96.79%	Over establishment of HCA's is for patients requiring enhanced observations.	2	0	0	12.54%	5.76	97%	52.4%	100.0%	0	1	0
Ward 32	126.38%	Over establishment on ward 32 is due it being a winter medical ward and enhanced observations.	1	0	0	3.35%	4.96	100%	25.3%	85.7%	0	1	0
SAU/Ward 11	99.22%		0	0	0	0.00%	0.00	0%	N/A	N/A	0	0	0
ICCU	90.98%	The HCA underfill for ICU is due to us not being funded to provide a HCA per shift, a vacancy that has been recruited to but has not yet been commenced plus some long term sickness	1	1	0	4.31%	1.44	89%	N/A	N/A	9	0	0
OCU	86.89%	Day Case is used for extra capacity and staffing flexed depending on demand	0	0	0	3.83%	0.01	100%	47.5%	99.2%	4	0	1
Total	102.33%		2	3	0	3.75%	1.91	80.29%	36.7%	97.0%	15	2	1
NICU	89.58%		0	0	0	0.00%	0.00	0%	N/A	N/A	2	0	0
Ward 28	93.61%		0	1	0	0.00%	0.00	0%	36.7%	98.9%	0	0	0
Inpatient Maternity	92.62%	HCA establishment has changed, not yet reflected in this report	0	0	0	0.00%	0.00	0%	13.5%	96.7%	0	2	0
Total	92.38%		0	1	0	0.00%	0.00	0.00%	25.1%	97.8%	2	2	0
EAU	100.58%		1	2	2	0.00%	0.00	0%	35.3%	98.1%	1	1	0
Ward 22	97.50%		0	0	0	0.80%	1.70	100%	110.2%	98.5%	0	0	0
Ward 23	101.54%	Overfill on night HCAs due to back fill of 5th trained.	0	0	0	4.57%	4.23	93%	46.2%	96.7%	1	0	0
Ward 24	98.45%	Underfill on trained due to to TNAs on duty	0	0	0	1.85%	4.21	90%	32.9%	95.7%	0	0	0
Ward 34	109.12%	Ward 34 continue to request and fill extra HCA on long days and night shifts. This is to enable care of a bariatric patient.	0	0	0	7.82%	6.94	97%	75.4%	100.0%	0	1	0
Ward 36+38	106.22%	Increased fill rate due to additional beds being open.	1	0	1	0.00%	0.00	0%	22.9%	94.4%	1	3	1
Ward 41	98.86%		2	0	0	5.89%	9.23	96%	66.7%	100.0%	1	0	0
Ward 42	108.68%	overseas nurses working as carers above numbers. Need to work certain dates together due to training. This does allow other caers on the ward to fill in 1-1 gaps.	0	1	0	3.89%	11.86	100%	125.7%	96.8%	0	0	0
Ward 43	98.16%	1 patient with a NG and bottle required 1-1 at night.	0	0	0	3.77%	9.16	90%	110.2%	100.0%	1	0	0
Ward 44	104.84%	1-1 patients required a upfitter in the day. This wasn't required at night.	0	0	0	5.03%	3.02	100%	85.9%	100.0%	0	0	0
Ward 51	97.37%	A number of duties sat on the establishment due to the TNA's working this in area.	2	1	0	7.58%	6.25	100%	77.8%	100.0%	0	1	1
Ward 52	110.34%	Duties not filled by TSO or agency due to sickness, parenting and annual leave. Additional HCA duties created for EPO	0	0	0	4.60%	9.87	97%	65.5%	100.0%	0	0	0
Stroke Unit	101.98%	Additional duties created for EPO	0	0	0	3.09%	4.40	95%	62.1%	100.0%	6	1	2
Lindhurst Ward	112.49%	covering sickness for RN and EPO for HCA	0	1	0	6.19%	-0.67	100%	91.2%	100.0%	0	0	0
Oakham Ward	105.52%	extra staff requested due to long term sickness	0	0	0	0.00%	0.00	0%	50.0%	75.0%	0	1	0
Seence Ward	113.79%	Winter plan	0	0	0	8.07%	0.66	61%	23.9%	90.9%	1	1	0
Fernwood	95.39%		0	0	0	1.01%	1.06334	100%	92.9%	92.3%	0	0	0
Total	104.49%		6	5	3	3.72%	4.23	77.00%	69.6%	96.4%	12	5	4
Overall Total	102.15%		10	9	3	1.30%	3.11	64.34%	58.2%	96.6%	29	11	5

Appendix 3:

Title: Staffing Paper for Maternity Staffing - using Birthrate plus principles -Total Service Review April 2018– March 2019
Author: Alison Whitham, Divisional Head of Midwifery & Nursing
Executive Sponsor: Suzanne Banks, Chief Nurse
Date: 14 May 2019

Background:

High quality maternity services rely on having an appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery and the *Standards for Maternity Care* (Royal College of Obstetricians and Gynaecologist, 2016) states that one of the main principles for provision of safe maternity services is that intrapartum care should be provided by appropriately trained staff.

There is debate about staffing levels although the main focus of reports and government policy on safe maternity services has been the need to increase staffing numbers, particularly midwives and consultants. Many of the guidelines and standards produced by professional bodies have also focused on staff inputs, such as a 60-hour obstetric consultant presence on labour wards and one-to-one midwife care in labour.

There is recognition that there is an increasing complexity of many births and that these women have “normality needs” and high levels of retirement from the midwifery profession due to the age profile.

The challenges facing Maternity services were set out in: *Safe Births: Everybody’s business* (The King’s Fund, 2008), and *Towards Better Births* (Commission for Healthcare Audit & Inspection, 2008) and more recently *Safe midwifery staffing for maternity setting* (NICE 2015).

Evidence Based Tools

Birthrate Plus

The most commonly used method that is employed for determining the number of midwifery staff required is the method known as Birthrate Plus.

The Birthrate Plus® methodology is based on an assessment of clinical risk and the needs of women and their babies during labour, delivery and the immediate post-delivery period, utilising the accepted standard of one midwife to one woman in labour, to determine the total midwife hours, and staffing required, to provide midwifery care to women.

The Trust collects a large sample of data on births, allocating each to one of five categories of complexity ranging from simple straightforward birth to emergency caesarean section, and the average birth time or time requiring care is measured for each of these. As births become more complex, for example emergency caesarean sections, the number of staff involved increases as well as the time taken.

Birthrate Plus® provides insights and intelligence to inform decisions about staffing numbers, staff deployment, models of care and skill mix. It takes account of the different workloads and working patterns of midwives based primarily in hospital settings and those based in the community settings and takes account of the contribution to quality services of midwifery staff not involved in direct hands of care or women such as managers, clinical governance midwives etc.

At its simplest Birthrate Plus® can provide any given service with a recommended ratio of clinical midwives to births in order to assure safe staffing levels. It is this Birthrate Plus® ratio that is most often quoted. Booking, caseload and birth figures obtained from the maternity

dashboard April 2018–March 2019.

Activity	Ratio Applied	WTE Required (Actual)	Funded WTE
Hospital Births	1:42	75.8	118
Home Birth	1:35	1.7	
Community Caseload	1:98	38	
Specialist and management Roles**	8%	6.9	8.4
Total		122.4	126.4

Crude Midwife to Birth Ratios for Sherwood Forest Hospitals

Midwife to birth ratios are calculated more crudely by using those only involved in direct care and would therefore exclude those highlighted as specialist or management roles. On actual birth figures for the year 2018/19 3242, which was a reduction of 4.2 % on last year, and on funded establishment the current ratio would be 1:27.5 These crude measures are reported monthly on the maternity dashboard and the Trust’s performance report.

Birthrate Plus® acuity tools intrapartum, antenatal and post-natal ward

The NICE guidelines on Safe Staffing emphasise the need to ensure adequate resources to meet the needs of woman but assessing that need is a complex task

Intrapartum acuity

Birth Rate plus® have made significant improvements to the Intrapartum Tool to give more detailed analyses of the results obtained from the simple data entry on a two or four hourly bases throughout the 24 hours. They have also increased the number of red flags to choose from for easy capture. The information, presented in tables and graphs, will enable services to know the cause of having too few midwives for the acuity and what action(s) were taken to resolve the situation. Also the data will highlight if there are certain periods in the day/night and days of the week when the acuity is often above the available number of midwives. A ‘traffic light’ system will notify the Maternity Escalation Policy. The tool will provide a report over three months which can be used to compliment a regular workforce review.

Ante-natal and Post-natal Wards

Midwives and support staff know how fast paced the workload can be. Admissions 24/7 from labour ward and triage and daily from antenatal clinics, quick turnaround of patients with many discharged in the first 24 hours. Added to this, is the increase in the number of baby observations, high risk post-natal and antenatal women, paperwork, answering problems on the telephone and it becomes obvious that staff are working hard to keep providing high quality care and increasingly intensive care.

In response to demand from many units, Birthrate Plus® have developed a ward acuity tool to proactively assess the clinical needs of the women on the ward and match them against the staff available. The tool is an excel spreadsheet; data is inputted at the beginning of a shift for the expected activity. The data collection covers all women on the ward, classified according to their clinical and social needs. Antenatal women are classified by clinical indicators. Further data is collected to record women or babies who may have extra needs. For each category an agreed amount of staff time is allocated. Thus the excel sheet calculates the staff hours needed based upon the client need and compares them with the staff hours available on that shift

At Sherwood Forest Hospital we are waiting for this tool to be supported by NHIS.

Appendix 4:

Statement from the Chief Nurse – Safe Staffing:

This statement is to verify that I, Suzanne Banks, Chief Nurse confirm that I am satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.



Suzanne Banks
Chief Nurse

28 May 2019