

Public Board Meeting

Report

Introduction

This report is provided to update the Board of Directors on Medical, Nursing, 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. This report is the first combined Safe Staffing paper to include medicine and AHPs, which is line with best practice. The guidance is provided to ensure Trusts provide safe and effective medical, nursing, midwifery and AHP care through the provision of appropriate nursing establishments and medical rosters and skill mix for wards.

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

The first part will provide an overview of the medical workforce inclusive of issues and risks. The second part will provide an overview of the nursing Band 5 vacancies and the actions that are being taken to remedy the workforce gaps. The third part is the full maternity safe staffing paper which is reported to the Board of Directors bi-annually, in line with best practice. The fourth part is an update on the Allied Healthcare Professionals workforce.

Medical

Introduction

The Royal College of Physicians have recently introduced guidance on Safe Staffing. The reason for the introduction of the guidance was the concern that had been flagged by the annual census data from the Federation of the Royal Colleges of Physicians that from 2013 to 2018 reported more than one in five census respondents reported that gaps in trainees' rotas occurred so frequently as to cause significant problems in patient safety and half of all advertised consultant appointments in Acute Internal Medicine and Geriatric Medicine were unfilled due to a shortage of suitable applicants.

The Royal College of Nursing have undertaken much work on staffing in relation to nursing, however, the Royal College of Physicians are the first Royal College to provide guidance on staffing levels.

The Safe Staffing report considers the core Medical services of a hospital comprising of four distinct areas of activity each with its own staffing needs:

- The Medical Assessment and admission team
- The Medical Ward Team
- The Weekend Medical Ward Team
- The Medical Team on-call (providing out-of-hours for inpatients with medical problems).

It also describes the work as being undertaken by clinicians in three tiers:

Tier 1: Competent clinical decision makers – clinicians who are capable of making an initial assessment of a patient, this would include trainees at Foundation Level, Core Trainees or Clinical Fellows.

Tier 2: Senior clinical decision makers – clinicians who are capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment which would include Specialty Registrars in higher training programmes, or Specialty Doctors

Tier 3: Expert clinical decision makers – clinicians who have overall responsibility for patient care which would include Senior Specialty Doctors that have progressed through Threshold 2 , Associate Specialists and Consultants

Medical Staffing Levels at Sherwood Forest Hospitals

Following the receipt of the Royal College guidance in the summer an assessment was undertaken of the staffing levels within the four areas described above for junior doctors and a comparison made.

Since the initial comparison was undertaken there have been a number of changes to Medical Staffing in this area.

Vacancies

The current vacancies in this area total 12, seven are at Tier 3, three of which are in Geriatrics and Stroke and five are at Tier 2, again three of which are in Geriatric and Stroke with no vacancies at Tier 1 level.

Across the Trust as a whole there are currently 29 vacancies for Medical staff and of the 29 vacancies, 10 of the vacancies have been recruited to and those successful candidates have either been offered posts, or have indicative dates to commence in post.

Although the Trust has made very good progress with recruiting to vacancies, there are still some hard to fill vacancies remaining within the Medical specialties those being Geriatrics and Stroke as is the case nationally.

Business Case for Additional Doctors at Tier 1 Level and additional support at Tier 2

A business case was approved in the summer to recruit to an additional 8 doctors at tier 1 level. Six of these posts are in acute medicine and two of the posts in general medicine supporting the wards. In addition the number of Senior Clinical Fellows has also been increased by two within Acute Medicine using Divisional funds. This increase in resource will enable there to be more robust cover in Acute Medicine during the day time and up until 9pm and the Senior Clinical Fellow will support the Medical Registrar from 2pm until midnight Monday to Friday each week. Currently there are still five clinical fellows in Acute Medicine in their supernumerary period, however, it is anticipated that they will be signed off as competent within the next few weeks as they are all making good progress. The new rotas providing this additional cover will commence for the rotation in December.

Restrictions on Junior Doctor working hours

There have been a number of challenges within the Medical specialties, particularly in Geriatrics where doctors working at tier 1 level have experienced difficulties working the full range of hours either as a result of sickness or due to personal circumstances. This is being managed on an individual basis but has been a challenge to maintain staffing at level 1 in that area.

Current Position

Following the reduction in vacancies and the recruitment of the additional staff from the business case, a further snap shot of the staffing levels has been undertaken and a comparison made with the Royal College Guidance and local minimum staffing levels and the detail can be seen within the Safe Medical Staffing Worksheet.

Ongoing Challenges

With the recent changes to the junior doctors' contract and in particular the rota rules, these changes will significantly impact the current cover provision at both tier 1 and tier 2. The impact of these changes is currently being assessed by the Medical Workforce Team as it is anticipated that additional staffing at these tiers will be required to compensate for the changes to the rota rules.

Utilising the attached proforma the comparison will be monitored on an ongoing basis.

Nursing

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 October 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.

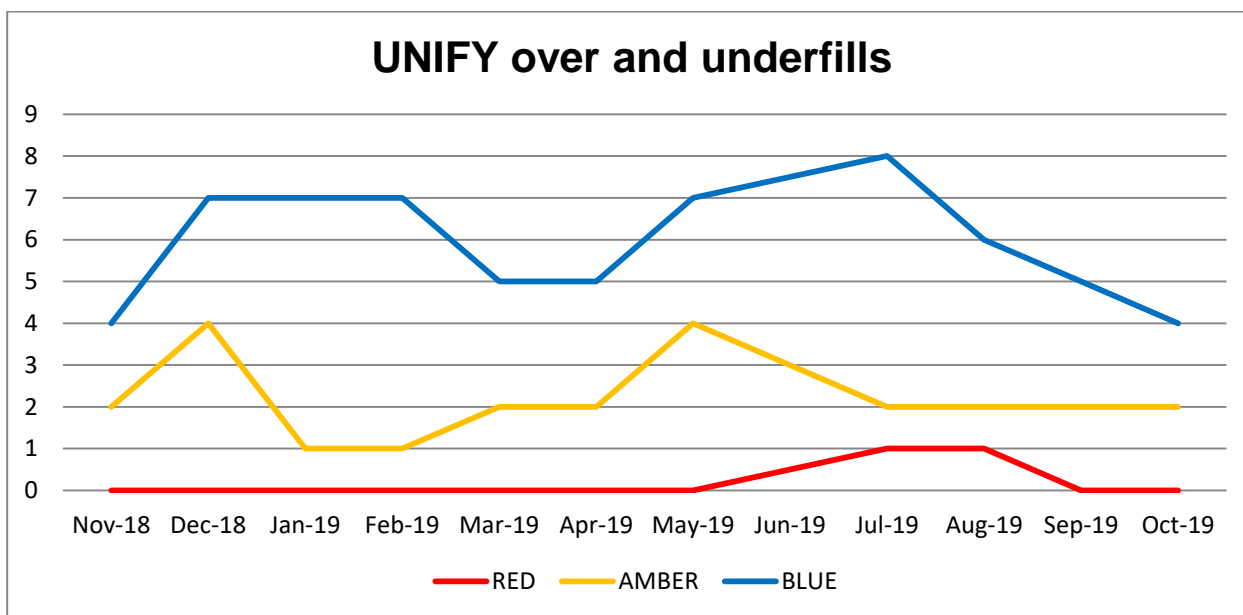
October 2019 saw 4 wards of the monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) and the remaining 22 wards were **green** rating.

In line with NHS Improvements Care Hours Per Patient Day (CHPPD): guidance for all inpatient trust (July 2019), amendments have been made to October’s data presented to include Nursing Associates and Allied Health Professionals.

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
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
May 19	0	4	7
July 19	1	2	8
Aug 19	1	2	6
Sep 19	0	2	5
Oct 19	0	2	4

There were no harms correlated to staffing within this period.

Divisional Nursing, Midwifery & AHP Updates:

Medical Division:

The Medical Division has implemented a new and safer system for managing medical outliers, which is easy to follow and has been successful in the identification for consultant ownership. The Stroke Service achieved 'A' status for Sentinel Stroke Nation Audit Programme (SSNAP), and the service is looking at developing Advanced Clinical Practitioners. The Medical Division has worked to support flow and improve the utilisation of the Discharge Lounge.

The Medical Division currently has 42.17 WTE Band 5 vacancies this is the lowest vacancy rate for a significant length of time. Ward 42 has 6.19 WTE and there are plans to reduce this further to 3.0 WTE next month, and Ward 34 has 4.98 WTE Band 5 vacancies.

The Medical Division has had no minimum staffing breaches for this period, and Thornbury and Short Notice Pulse remains the lowest in the Trust.

Surgical Division:

The Surgical Division have had several teams and individuals nominated for the Staff Excellence Awards.

The Surgical Division has 32.08 WTE Band 5 vacancies across the division, Ward 32 has 5.54 WTE vacancies and Ward 11 has 4.69 WTE. The Surgical Division has updated their action plan to reflect the work that has been undertaken this month – Appendix 3.

Urgent & Emergency Care:

The Urgent & Emergency Care Division has worked in conjunction with the Medical Division to improve the utilisation of the Discharge Lounge, with 1,043 patients having been discharged from the area between 22 September and 8 November 2019.

The Urgent & Emergency Care Division has 28.47 WTE Band 5, with the Emergency Assessment Unit with 9.95 WTE and Short Stay Unit 8.36 WTE. Both areas are continuing to recruit, but their attrition remains high with Band 5's moving to specialist areas such as the Emergency Department and Integrated Critical Care Unit.

The Urgent & Emergency Care Division reported a C-diff on Short Stay Unit, and the Root Cause Analysis has been completed.

Women & Children Division:

The Women & Children Division have received confirmation of the Baby Friendly accreditation, and the division will move in 2020 toward Gold accreditation. The Maternity Transformation plans ongoing with commencement of caseholding model in November 2019.

There were no closures in October 2019 of the Maternity Services.

The Women & Children Division have had two safeguarding incidents in October, both were reported on STEIS, both relating to bruising in non-mobile babies. The Division is working with safeguarding and external partners to identify themes and responses.

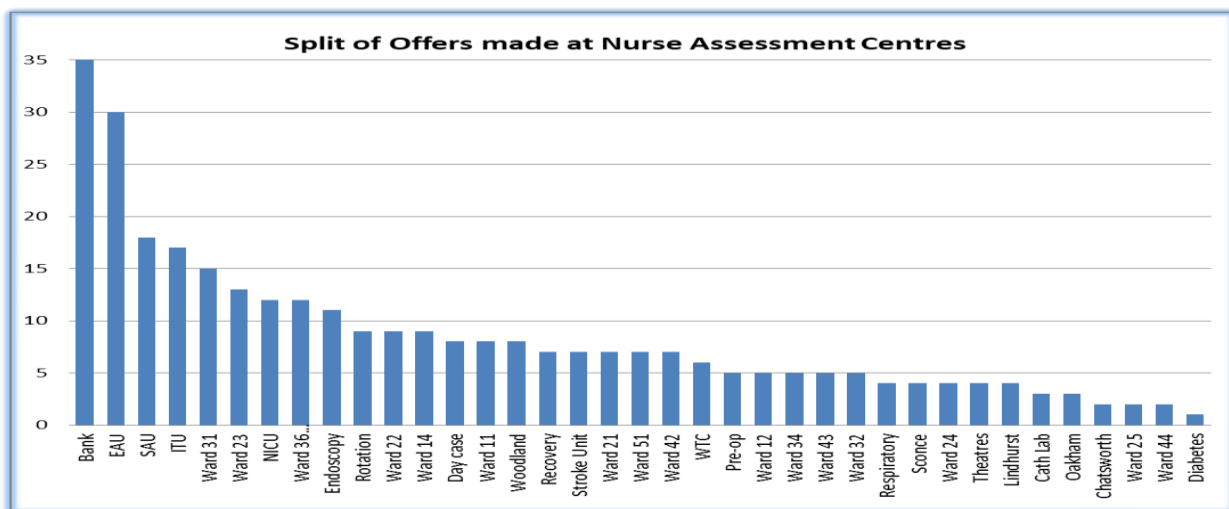
Diagnostic & Outpatients:

The Diagnostic & Outpatient Division has celebrated the Infection Prevention & Control week in the King’s Treatment Centre. The Street Health team are the winners of a Nursing Teams Award, and winners in the Staff Excellence Awards and Chairman’s Award.

Band 5 vacancies in King’s Treatment Centre have been recruited to. Ward Leader on Fernwood Community Unit will become vacant, and the recruitment process has begun.

Assessment Centre:

The Registered Nurse Assessment Centre took place in October 2019, and the graph below demonstrates the distribution of Band 5 Registered Nurse posts offered in 2019.



The recruitment for Nurse Bank and EAU continues to demonstrate positively, particularly for EAU as this is due to the rotational programme with Emergency Department.

International Registered Nurse recruitment:

There has been a successful recruitment campaign with a Recruitment Agency, and 20 International Registered Nurses have been recruited from the Philippines and India. All the International Registered Nurses have completed their Objective Structured Clinical Examination (OSCEs) and are working within the inpatient areas, and are working through the preceptorship programme.

The Nursing, Midwifery & AHP Board has approved further recruitment of 20 International Registered Nurses which is aligned to the advice from NHS Improvement, that International Recruitment is the only current way to close the Band 5 vacancy gap.

International Registered Nurses working as Healthcare Support Workers:

There are, within the Trust, a significant number of International Registered Nurses working as Healthcare Support Workers – approximately 20 nurses. There are three who have been supported by the Trust and have been successful in their OSCEs and have now taken substantive Band 5 posts in Medicine and Surgery

There is a further cohort of International Registered Nurses working as Healthcare Support Workers and Nursing Associate, who are awaiting their Decision Letter from the Nursing & Midwifery Council in order to proceed to their OSCEs – these will formulate Cohort 5.

On the 3 October 2019 an Assessment Centre was held for International Registered Nurses working as Healthcare Support Workers in the Trust. In line with all Registered Nurse posts the candidates had to complete a Drugs Calculation Test, in which they had two attempts in passing before moving through the programme. There were 21 candidates applied, 17 attended for an interview, six failed their Drugs Calculation Test on the two occasions, and 11 went through to the Occupational English Test (OET) and the Objective Structured Clinical Examination (OSCEs) and six were offered places on the OSCE programme

The concerns that were raised by the leads of the Assessment Centre were the time elapse from the last time the International Registered Nurses practiced. This ranged from 3 – 15 years. The Corporate Head of Nursing has discussed with the Nursing & Midwifery Council’s Overseas Registration and there is no limit to have not practiced as a Registered Nurse, as long as these nurses have kept up to date with their Registration in their country of training. This was discussed at Nursing, Midwifery & AHP Board on the 11 October 2019 and it was agreed that six candidates would be taken through to the conversion programme, but the Board agreed to review the programme in six months.

Chief Nurse Clinical Fellows

In November 2019 the outgoing Chief Nurse Clinical Fellows relinquish their roles and returned to their substantive posts. The new Chief Nurse Clinical Fellows for 2019/20 are:

Names:	Current roles:	Projects:
Louise Morgan	Practice Development Matron – Outpatients	Nursing ESR
Rachel Hart	Physiotherapist	Rest, refuel and rehydrate – joint medical project
Leanne Hostler	Blood Transfusion Practitioner	Link Nurse roles
Rob Comins	Physiotherapist	Patient Activation Measurements

The new Chief Nurse Clinical Fellows will report their progress of their projects monthly to the Nursing, Midwifery & AHP Board.

Corporate Advanced Clinical Practice Lead:

The Corporate Advanced Clinical Practice Lead has been supported across the Trust and the process to recruit to this role has commenced with the support of NHS Improvement’s Lead Advanced Clinical Practitioner.

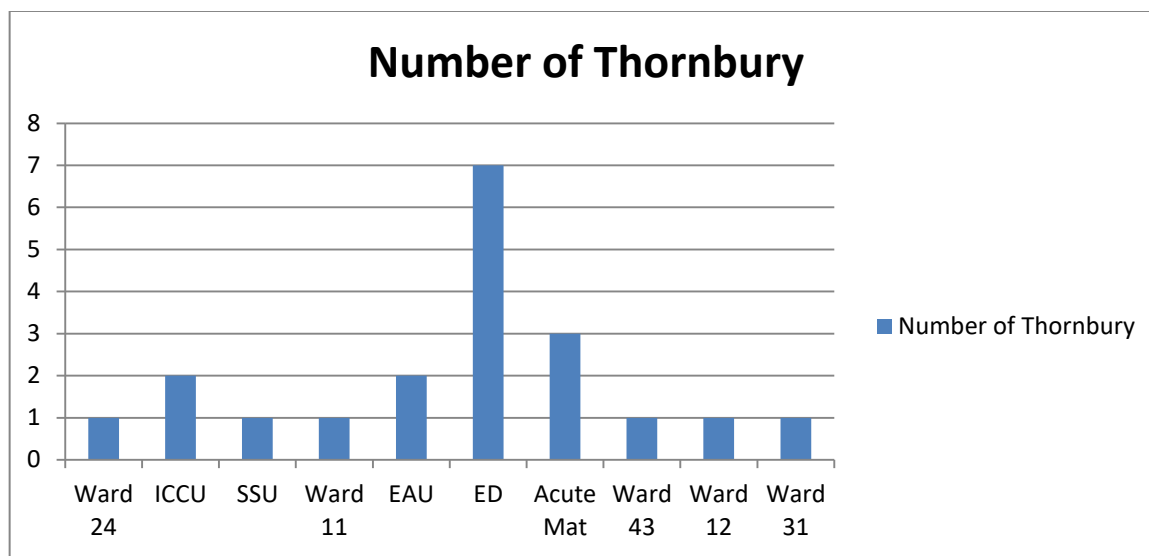
Breaches of the Safe Staffing Standard Operating Procedure (SOP):

There were no breaches of safe staffing in October 2019.

In the previous six months there have been one breach of safe staffing, which have been reported to Board. In September 2019, the breach of safe staffing in Integrated Critical Care Unit, where there were over 20% nursing agency staff on duty. No patients were harmed.

Thornbury Usage:

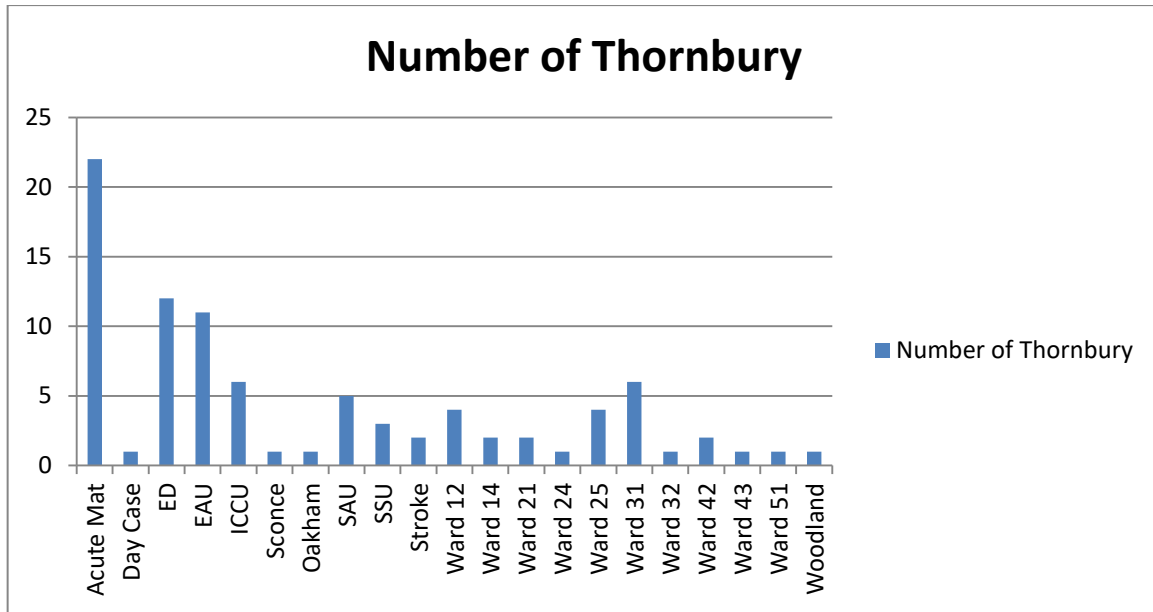
There were 20 Thornbury Nursing Agency shifts utilised within October 2019, which is demonstrated in the table below.



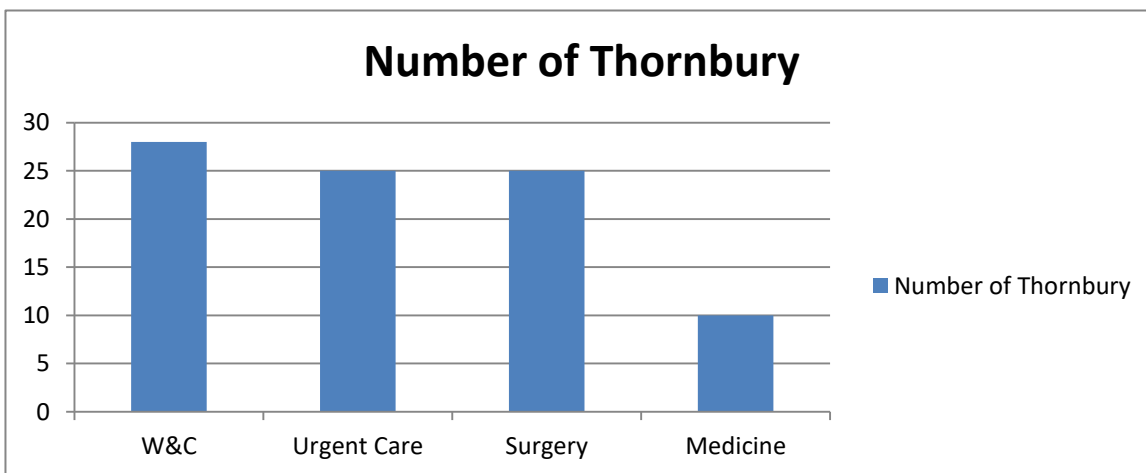
In October 2019, 10 Thornbury Nursing Agency shifts were utilised in Urgent & Emergency Care division, five in the Surgical Division, three in Acute Maternity (Women & Children) and two in the medical division.

All Thornbury Nursing Agency shifts have a Root Cause Analysis completed in line with the Standard Operating Procedure for the utilisation of Thornbury Nursing Agency, which are reviewed and agreed by the Heads of Nursing.

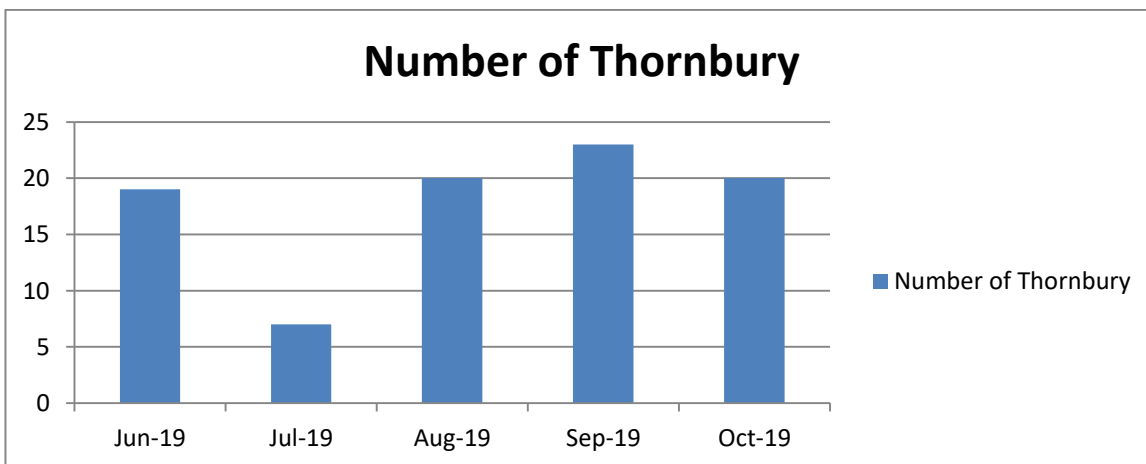
From June to October 2019, there have been 89 Thornbury Nursing Agency Shift utilised across the Trust, this has been broken down on the following graph.



The number of Thornbury Nursing Agency shift utilised by division is demonstrated in the following graph, for June to October 2019.



From June to October 2019 the following number of Thornbury Nursing Agency shifts have been utilised monthly.



Celebrating the success for the following wards who have not utilised Thornbury Nursing Agency:

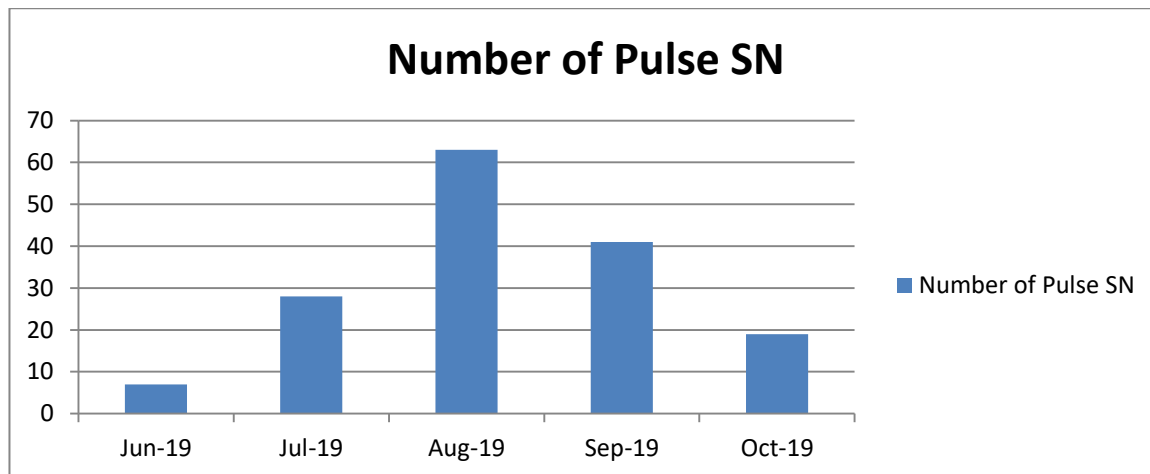
Ward:	Ward Sister/ Charge Nurse:	Last Thornbury Shift:
Ward 44	Helen Barker	16 January 2018
NICU	Andrew McCleod	24 March 2018
Ward 41	Amie Boyd	21 January 2019
Lindhurst	Keeley Dring	15 February 2019

The Nursing, Midwifery & AHP Taskforce Steering Group will review plans to reduce the number of Thornbury Nursing Agency shifts with the introduction of the new nursing agency, Atrax, and the reduction in the number of Band 5 vacancies.

Pulse Short Notice Nursing Agency Usage:

There were 19 Pulse Short Notice Nursing Agency shift utilised in October 2019. These were all in Urgent & Emergency Care Division.

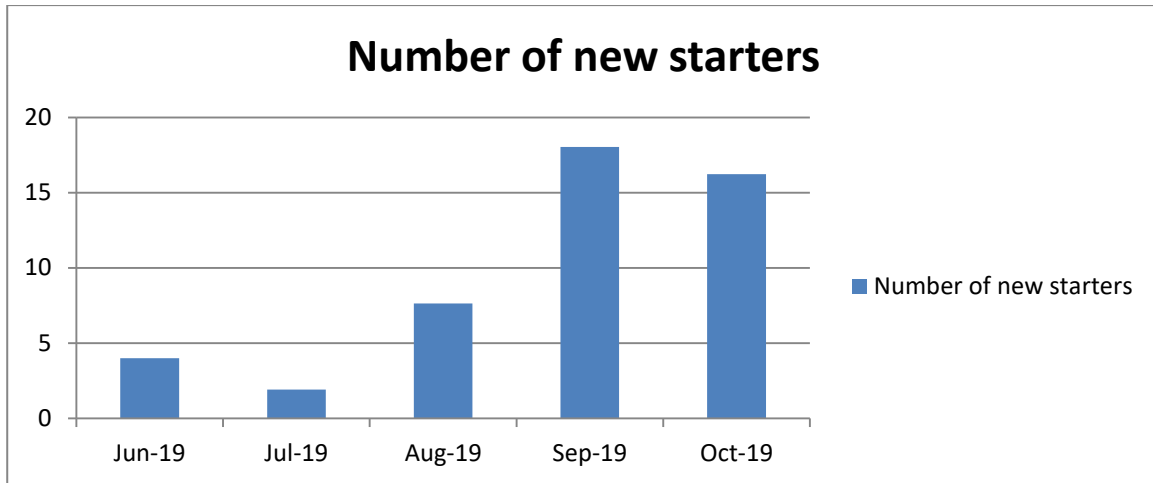
The utilisation of Pulse Short Nursing Agency from June to October 2019 is demonstrated on the chart below.



The majority of Pulse Short Notice Nursing Agency shift are utilised within Urgent & Emergency Care – 148 shifts.

Vacancies:

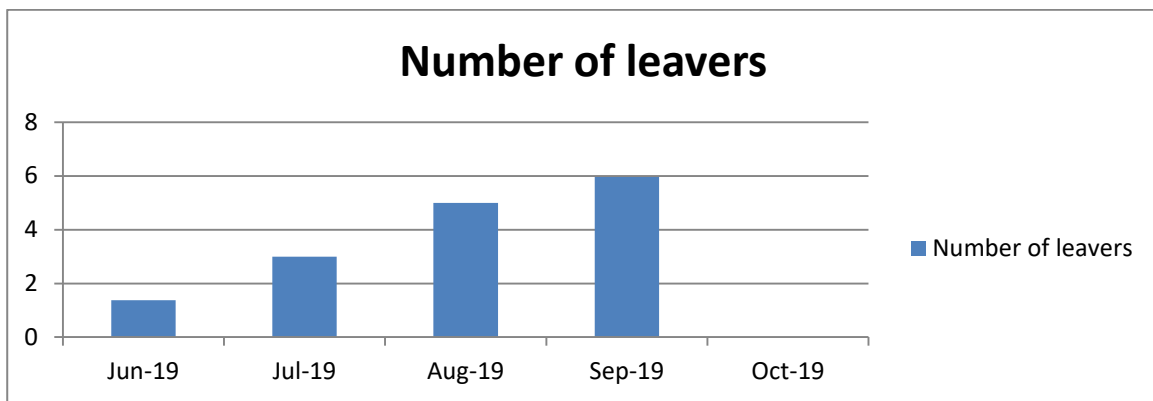
In October 2019 there was a decrease in the number of Band 5 Registered Nurse vacancies, to 80.99 WTE, which is the lowest number of vacancies recorded in 2019. From June to October 2019 there have been 45.82 WTE Band 5 appointed to posts across the Trust.



Attrition:

In October 2019, there were no Band 5 Registered Nurses who left the Trust.

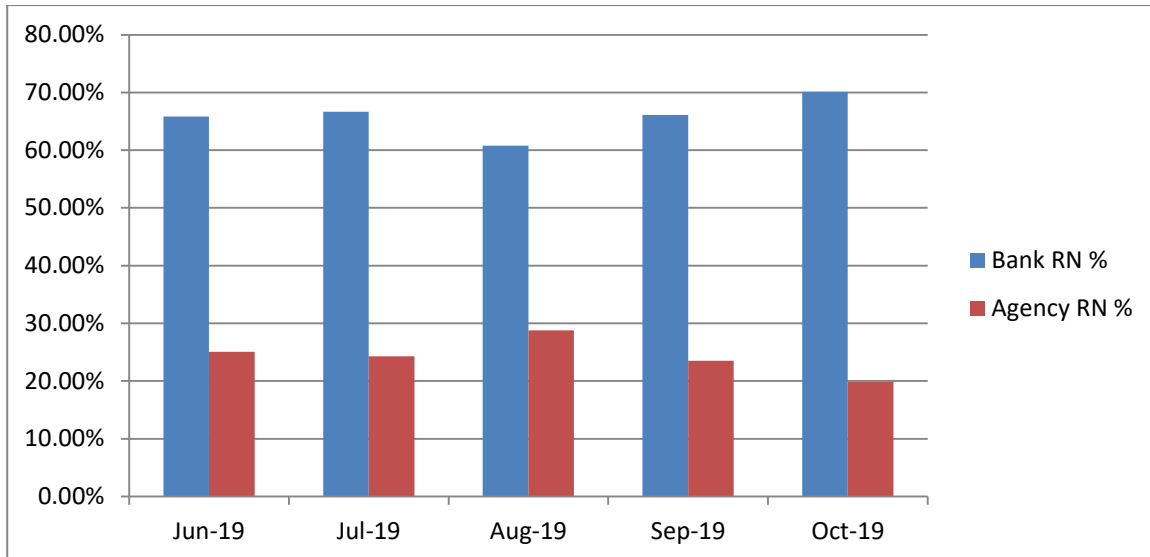
From June to October 2019 there have been 15.32 WTE who have left the Trust, although many have these have been retire and return.



Temporary staffing

In October 2019, the number of Registered Nurse shifts which were covered by Bank was 70.08% with nursing agency utilisation at 19.87%, which continues to reduce to the lowest nursing agency in 2019.

The graph below demonstrates the reduction in the number of agency Registered Nurses being utilised each month.



There remains a high number of Healthcare Support Workers utilised and further exploratory work is being undertaken by the Nursing, Midwifery & AHP Board, which includes reviewing the Enhanced Patients Observation collaborative with NHS Improvement, and benchmarking key Trusts. Currently there is an audit in three wards with the highest utilisation of additional Healthcare Support Workers.

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.

Maternity

Maternity staffing at Sherwood Forest Hospitals NHS Foundation Trust (SFH) is predicated on BirthRate Plus® principles, an accredited methodology which is recommended for use by the National Institute for Health & Care Excellence (NICE CG4, 2015) for safe staffing in maternity settings. The BirthRate Plus® system includes an acuity tool which has recently been acquired for use at SFH – this is separate from the methodology and background data used to confirm midwifery staffing establishments.

This paper seeks to provide assurance around current midwifery establishment within the context of increasing activity (not confined to crude birth rate) and staff vacancies and unavailability.

The paper will also forecast staffing considerations which are likely to become relevant over the next six months in view of the maternity transformation agenda.

Current position (October 2019)

The current midwifery establishment has been fully reviewed at a regional Health Education England / NHS England conference using live workforce and activity data. Whilst SFH have not conducted a formal BirthRate Plus® assessment in recent years, the statistical data provided from the maternity dashboard and ESR for this exercise support the outcome in accordance with recommendations for the national 10 Steps to Safety (NHSR) assessment. This establishment review is considered compliant with recommendations in the NICE guidance and provides assurance to the Board of the **current position**.

Activity	Ratio Applied	WTE Required (Actual)	Funded WTE
<i>Crude birth rate</i>			
<i>Home birth rate</i>			
<i>Bookings/imports/exports</i>			
Hospital Births	1:42	79.8	123.10
Home Birth	1:35	0.58	
Community Caseload	1:98	38	
Specialist and management Roles**	8%	9.47	9.6
Total		127.85	132.7
<i>Of which Band 3</i>	<i>10%</i>	<i>12.7</i>	<i>9.89</i>

NB: BirthRate Plus® methodology excludes specialist & management roles, and includes 10% of midwifery establishment at Band 3 (90/10 split).

Activity and absence data for maternity services

In order to support contextual consideration of the midwifery staffing agenda, it is important to note that the birth rate represents only a fraction of the clinical activity. Sherwood Birthing Unit (SBU) hosts an ambulatory triage service which has provided >4000 appointments in the last year, by midwives who are rostered for the acute maternity setting. Pregnancy Day Care (PDC) is a midwife led outpatient service based in Antenatal Clinic – this service has provided >7000 appointments in the last year.

This data is significant because high acuity on SBU leads to service escalation and midwives are then pulled from other areas including PDC and the community teams. Where workloads prevent this, unit closure can occur.

In addition, there are high levels of maternity leave in the midwifery workforce across all settings (around 8% against an uplift of 0.9%). This has had a significant impact on staffing gaps during the past six months and is reflected regionally.

Staffing forecast

It is acknowledged by HEE and by NHSE/I that BirthRate Plus® is not currently sophisticated enough to accommodate the maternity transformation agenda, specifically the anticipated staffing challenges posed by providing continuity of carer (with community midwives recommended to hold a caseload of 1:36 rather than 1:96). There are several workforce modelling tools in preparation, however none of these are yet validated or NICE accredited.

In addition, the BirthRate Plus® methodology relies on retrospective data for birth numbers. At SFH the home birth service has been partially suspended during 2019 due to ongoing vacancies in the community midwifery team. This means that the figures used for staffing calculation are potentially misleading, as the home birth rate has been very low during this year but is anticipated to increase following relaunch in January 2020 and the commencement of the continuity of carer service.

Finally, the strategic workforce transformation for the Local Maternity and Neonatal System (LMNS) involves the use of a commercial workforce planning tool which has been commissioned by the LMNS and provided by Whole Systems Partnership. This is based on principles forecast in the 'Maternity Workforce Strategy' (NHS 2019) around projected skill mix requirements rather than midwifery staffing numbers. The tool has not yet been released for trial but will be evaluated by LMNS partners over the next six months.

Conclusion

Overall the staffing establishment for maternity services at Sherwood Forest Hospitals is correct using the NICE recommended staffing tool. Based on birth rate alone, the service is slightly over established for the last six month period.

The BirthRate Plus® acuity tool is due to be commenced in December 2019 which will support 'real time' assessment of staffing requirements and over time will provide more data around activity peaks and troughs.

There are some uncertainties associated with the maternity transformation agenda, however these do not undermine the safety of the service and ongoing data collection and audit will support workforce planning over the next 6-12 months.

<https://www.nice.org.uk/guidance/ng4>

<https://www.hee.nhs.uk/our-work/maternity/maternity-workforce-transformation-strategy>

Allied Health Profession

Safe Staffing Levels

There is no single guidance or standard approach to inform staffing levels required in services provided by Allied Health Profession (AHPs). Each AHP has profession specific information and guidance only, available to support staffing levels of a particular type of service. Some of the work published by GIRFT (Getting It Right First Time) is opening the debate further which may lead to stronger recommendations in the near future.

AHP staffing levels are generally determined via a range of methods, including demand and capacity data, data collected on patient and non-patient related activity, patient outcomes, patient complexity, patient acuity and patient need. In addition, guidance that is nationally available for specific clinical services and/or conditions is also used e.g. breast screening, stroke services, critical care and cancer services.

Staffing ratios for AHPs is scarce and lags behind the fields of nursing and medicine (Cartmill et al 2012).

The Associate Chief AHPs appointed substantively in June 2019 have commenced AHP job planning. NHS Improvement have mandated all AHP roles have job plans by the end of 2020.

Vacancy Position

The overall vacancy position in AHPs is not a risk within Sherwood Forest Hospitals NHS Foundation Trust (SFH) with a rate of 4.9% as of October 2019. Recruitment in most professions is good with fully established positions in Ultrasound with Sonographers, Dietitians and Orthotists which are all nationally recognised as being a difficult to recruit into.

The largest risk group of non-medical or nursing professions is Pharmacists with 7.0 WTE vacancies with mitigation actions being the use of overtime, bank and agency.

Undergraduate Training

Excellent undergraduate placements lead to many individuals choosing SFH as the place to begin their AHP careers. This is underpinned by successful career days in 2018 which this year was widened to include many wider healthcare related professions. An AHP career experience week split between therapeutic and scientific professions is under development.

The delivery of apprenticeship schemes in some AHP professions has started this year at Derby and Sheffield Hallam University, our local providers. We have two trainee Operating Department Practitioners working within the organisation on apprenticeship schemes with Sheffield Hallam University. Other professions are looking at how the apprenticeship scheme can be extended to their workforce as more professional courses are validated. The challenge for the introduction of the training schemes is holding a vacant post for the duration of the course whilst supporting pre-registration staff. We need to consider how we move toward supernumerary vacant positions to accommodate this opportunity.

Radiology is introducing Masters Clinical Placements in Radiography. Candidates will have completed a previous scientific undergraduate degree and will now complete shortened 2 year course to gain a Health & Care Professions Council (HCPC) registration in Radiography.

Advancing Clinical Skills

Therapy and Radiology service have up skilled assistant posts to support service delivery in traditional band 5 positions.

Upward skilling in other band roles has allowed senior clinicians to extended clinical responsibilities. There are range Advance Practice Roles in several AHP groups examples include Vascular Access Operating Department Practitioner, Physiotherapists administering MSK injections, more Reporting Radiographers, Physiotherapy MSK Triage and most recently an Independent and Supplemental Prescribing Physiotherapist has been accredited. Biomedical Scientists are introducing Band 6 development posts to address recruitment issues in this group. In therapy a Band 6 rotational post has been developed in response to retention concerns. Radiology is developing a Consultant Radiographer post in Breast Screening and Mammography.

Retention Initiatives

AHPs continue to access the Leadership training opportunities the organisation supports with candidates on the MSc in Strategic Leadership with University of Derby, Quality & Service Improvement Redesign (QSIR) and externally the Mary Seacole and Rosalind Franklin Programmes. An AHP has successfully secured a funded place on the ICA Internship with Nottingham University.

The Chief Nurse Clinical Fellow role has had three AHP candidates with two currently undertaking projects on key Trust objectives. A third has completed the Chief Nurse Clinical Fellow placement and gone on to a secondment with the regional Health Education England (HEE) RePAIR Recruitment and Retention Project.

(Cartmill, L, Comans, T, Clark, M. J., Ash, S, & Sheppard, L (2012) Using staffing ratios for workforce planning: evidence on nine allied health professions - a narrative review. Human Resources for Health, 10(2), pp. 2-8.)

Conclusion

The Allied Health Profession groups continue to have good retention across the domains of the AHPs, with local initiatives to recruit and retain staff.

Recommendation

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

Appendix 2:

Appendix 2: Staffing information. For the purpose of the RAG rating anything between 80% and 90% is amber and anything 70% and below is red rated												
Ward name	Narrative Please can you add your comments and narrative for areas with a potential RAG rating of Amber or Red. Can you also please tell me how any changes in respect of staff have impacted on your area or if there are any areas of what would normally be expected the more into the better I have highlighted below where it looks different	Falls level 3-4	Pressure ulcers 3-4	Medication incidents/ 3- 3.2.5	Sickness	Registered vacancies %	Attrition %	Friends and Family		Patient Experience		
								Score	Score	Score	Comment	Score
Ward 21 - Orthopaedics	Staffing levels have had to be adjusted to accommodate No's and client group - e.g. trauma patients and going over 16 patients	0	0	0	10.28%	3.70	100%	97.8%	100.0%	0	0	0
Ward 12	Overfilling of HCA's is to accommodate patients requiring enhanced observations.	1	2	0	3.25%	1.09	100%	43.8%	96.4%	2	0	1
Ward 14		0	0	0	2.52%	4.06	96%	6.5%	100.0%	3	1	1
Ward 21	Overfilling of HCA's is to accommodate patients requiring enhanced observations.	1	0	0	5.34%	2.12	100%	84.6%	96.1%	4	4	0
Ward 22	Overfilling of HCA's is to accommodate patients requiring enhanced observations & also medical outliers	1	0	0	14.02%	4.54	100%	76.7%	98.9%	1	1	0
SAU/Ward 11	Overfilling of HCA's is to accommodate patients requiring enhanced observations.	0	0	0	6.25%	6.49	94%	N/A	N/A	0	0	0
ICCU	ICCU is not established to have a HCA working on all shifts // this there is a vacancy factor and one of our HCAs as part of a redeployment plan is currently working on a surgical ward. There has been a short fall of IT and ST address amongst RNs plus some holiday leave	0	1	0	3.83%	7.99	94%	N/A	N/A	0	0	0
CCU	CCU has 100 starting nurses, has 100 starting consultants and 10000 starting beds always above normal starting level	0	0	0	5.23%	3.01	97%	N/A	N/A	3	3	0
Total		3	3	0	6.33%	3.88	97.52%	61.9%	98.3%	13	9	2
ICU	HCAs are 1 day due to long term sickness. Shifts covered by bank when required.	0	0	0	10.42%	-0.21	95%	N/A	N/A	1	0	0
Ward 26		0	1	1	4.88%	3.97	98%	70.5%	98.3%	1	1	0
Imperial Maternity		0	0	0	8.26%	1.70	92%	15.9%	100.0%	0	1	1
Total		0	1	1	7.85%	1.97	94.96%	41.7%	99.3%	2	2	1
EAU		1	0	1	1.77%	9.84	88%	27.8%	97.7%	3	2	0
Ward 22		0	0	0	4.72%	3.94	100%	71.4%	93.3%	0	0	0
Ward 23	Over fill on HCA replace RN due to acuity	1	0	0	0.52%	2.75	100%	53.8%	100.0%	1	1	0
Ward 24		0	0	0	4.15%	1.01	100%	56.8%	95.0%	0	0	0
Ward 24	The ward are over established due to big level of complex care needs for a long stay geriatric patient	0	0	0	3.60%	4.98	97%	53.1%	92.3%	0	2	0
Ward 26/28	Increased capacity open to 48 beds	1	0	2	6.97%	9.36	100%	20.4%	95.0%	5	3	0
Ward 41		1	0	1	5.50%	1.23	100%	157.1%	97.7%	0	0	0
Ward 42		0	1	1	3.73%	6.39	91%	133.3%	97.4%	7	2	0
Ward 43	Several new starters have required periods of nurses being supernumerary which as required more nurses on duty	3	0	1	0.11%	0.34	91%	60.9%	100.0%	1	2	1
Ward 44		0	1	0	6.24%	2.50	97%	87.4%	96.1%	0	1	1
Ward 51	additional HCA duties for patients requiring EPO	1	1	1	5.82%	2.77	97%	67.7%	100.0%	1	0	1
Ward 52	additional HCA duties for patients requiring EPO, additional RN duties for supernumerary shifts	1	0	0	6.99%	4.07	100%	66.7%	100.0%	8	1	1
Stroke Unit		2	0	1	6.76%	0.87	95%	79.3%	100.0%	6	1	0
Imperial Ward	converted the 3rd trained to a HCA but still ensuring 6 staff members.	0	0	0	1.88%	2.37	97%	116.7%	100.0%	3	0	0
Gabram Ward	EPO-Increased number of HCA	1	0	0	8.11%	4.45	85%	N/A	100.0%	0	2	0
Stroke Ward	EPO-Increased number of HCA	3	0	0	4.61%	2.08	100%	79.5%	91.4%	0	2	0
Fernwood		0	0	0	1.98%	0.183333	100%	60.0%	66.7%	0	0	0

Appendix 3:

Surgical Division – Band 5 Recruitment Plan

Action No.	Action:	Action Owner:	Progress:	Completed by:	BRAG:
1	Support the monthly Band 5 Registered Nurse Assessment Days	Divisional Matrons	October 2019 – Attended monthly Assessment Centre by Ward Sisters. Matrons to attend each Assessment Centre to ensure engagement from the division to the potential employees November 2019 – Ward Leader from Ward 21 attended the November Assessment Day		
2	Consider bespoke adverts for areas where recruitment is difficult	Divisional nursing team	October 2019 – SAU and Ward 21 remain difficult to recruit to, discuss with HR about bespoke advert November 2019 – Head of Nursing and Matrons to review.		
3	Forge further links with the local universities	Corporate Matron	November 2019 – working with the wider Nottinghamshire project to link with schools and colleges locally	Ongoing	
4	Recruitment events at Universities and colleges	Corporate Matron	November 2019 – corporate team to support in attend career events at schools, colleges and Universities	Ongoing	
5	Keep the new staff WARM	Divisional and Ward Nursing Teams	October 2019 – HR currently send the welcome and keep in touch cards out at set points in the recruitment pathway. The Division will consider WhatsApp groups for staff in recruitment to keep them WARM.	Ongoing	
6	Nurture student nurses	Marie Sissons – Matron Surgery	October 2019 – Surgical Matrons to refresh and revive the ‘Golden Ticket’		

		Christian Brailsford – Matron ICCU	principle for student nurses. November 2019 – Surgical Matrons to refresh		
7	Rotational programme		October 2019 – Standard Operating Procedure and framework is widely available. Surgical Division to promote rotation as a viable option. November 2019 – Surgical Division to promote, this is promoted at all Assessment Centres	Ongoing	
8	International Registered Nurse programme	Corporate Nursing	October 2019 – The Trust is to consider a further two business cases for International Registered Nurse recruitment. Surgical Division to have a larger portion of recruits. Business case is to be presented to the IGG in November 2019. November 2019 – Deputy Chief Nurse to meet with the Deputy Finance Director to push this forward.		
9	Use of Social Media	Divisional Nursing Team	October 2019 – promote working within the Surgical Division through Twitter, creating Surgical Division Registered Nurse # tag. November 2019 – HR continue to promote through social media jobs in areas difficult to recruit.	Ongoing	

