

## 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 November 2018.

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.

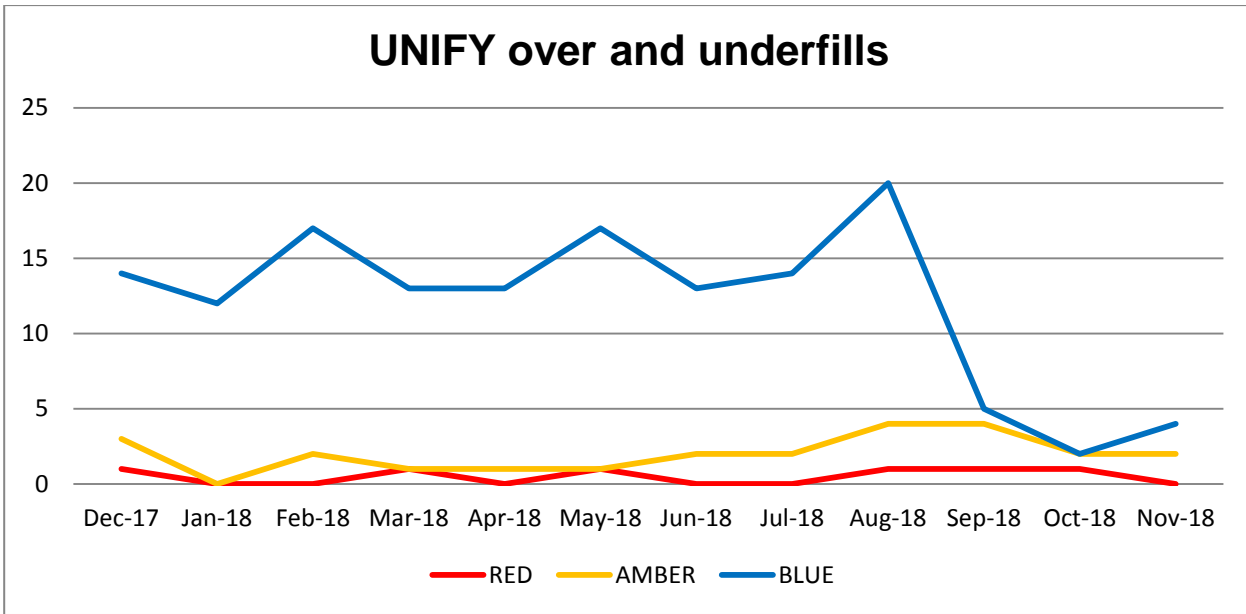
The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) and there were 2 **amber** ratings.

October 2018 saw 4 wards of the 28 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) and the remaining 22 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**). In November 2018, there was a slight decrease in the number of **green**, and a slight increase **blue**.

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



	RED	AMBER	BLUE
Dec 17	1	3	14
Jan 18	0	0	12
Feb 18	0	2	16
Mar 18	1	1	13
Apr 18	0	1	13
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

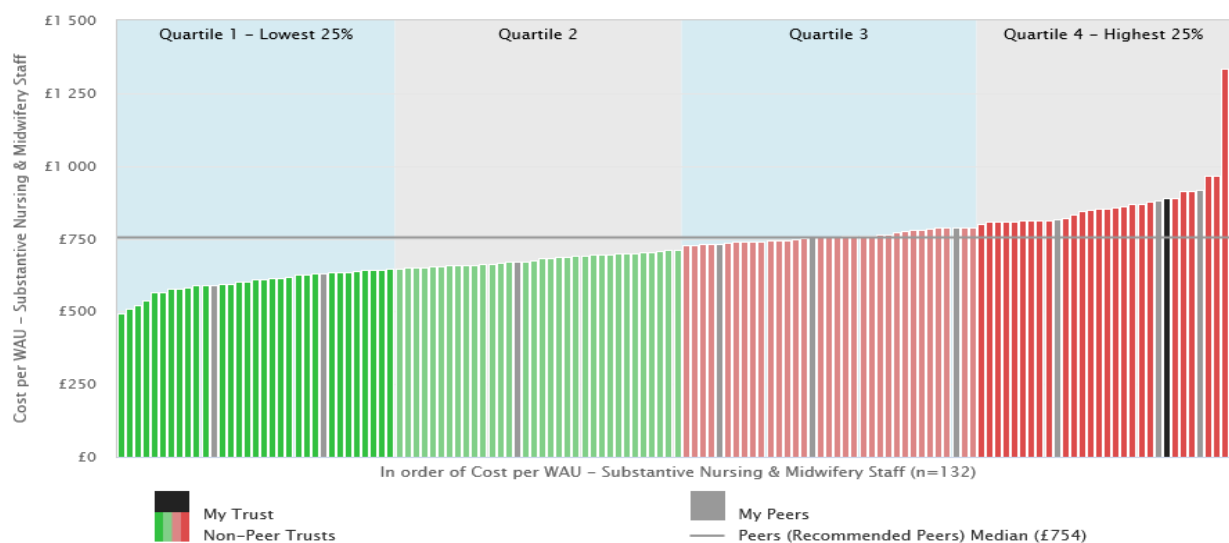
The UNIFY data continues to demonstrate an improved position on the number of overfilled shifts, and 22 wards are controlling their rosters between 90 – 110% fill rate.

**Model Hospital:**

The Model Hospital data has been reviewed to determine the Trust position against the cost per weighted activity unit (WAU) for substantive Nursing and Midwifery staff at Sherwood Forest Hospitals NHS FT (SFH).

WAU is a ‘common currency’ to describe an amount of clinical activity, with a weighting applied that takes account of casemix and complexity. SFH nationally is within the highest 25% (Quartile 4) with a cost per WAU of £888. The graph below demonstrates SFH’s position in black.

Cost per WAU – Substantive Nursing & Midwifery Staff, National Distribution



In comparison with other Trusts within the East Midlands, which is demonstrated within the table below:-

Name of the Trust:	Cost per WAU:
Sherwood Forest Hospitals NHS FT	£888
Rotherham Hospital NHS FT	£862
United Lincolnshire NHS FT	£814
Barnsley Hospital NHS FT	£809
Derby Royal Hospitals NHS FT	£765
Doncaster & Bassetlaw Hospitals NHS FT	£754
Nottingham University Hospital	£669
University Hospitals Leicester NHS FT	£661

(unable to find Chesterfield Royal Hospital NHS FT data)

Sherwood Forest Hospitals NHS FT is the highest cost per WAU within our healthcare economy in the East Midlands, this data is being reviewed within the Nursing, Midwifery & AHP Taskforce Steering Group, and further actions will be determined to understand the Trust’s outlying position.

**Divisional Nursing, Midwifery & AHP Updates:**

**Medical Division:**

The Medical Division continues to report high Band 5 vacancies, which has been reported at 82.68 wte and their staffing has been made safe by long-term nursing agency Registered Nurses. The areas of concern for Band 5 Registered Nurse vacancies are Wards 24, 42 and 43.

The Medical Division has held bespoke recruitment which has fed into the Assessment Centre for Band 5 Registered Nurses in November 2018, and has offered rotational

programs and specific wards/specialties which will support the promotion of the division.

The Head of Nursing has reviewed the current vacancies and allocated the potential International Registered Nurses to the vacancies, and this will be approved within the Divisional Triumvirate.

#### **Surgical Division:**

The Surgical Division has significant Band 5 Registered Nurse vacancies particularly on the Surgical Assessment Unit (Ward 11) and Ward 21 elective Orthopaedic Ward.

The Head of Nursing will review the vacancies and allocate two International Registered Nurses to work within the Division.

#### **Urgent & Emergency Care:**

Band 5 recruitment on EAU and SSU continues to reflect positively in November 2018, and the Urgent & Emergency Care rotation has been well received by EAU, SSU and the Emergency Department. EAU and SSU have also successfully embarked on a further rotational programme with specialties within the Medical Division.

EAU has 10.78 wte Band 5 vacancies with an additional four Band 5 on maternity leave. There has been two newly qualified who have moved, one to the surgical ward with immediate effect to ensure that this nurse remains within the Trust, and the second to Theatre Recovery, which was the first choice as a newly qualified.

SSU has 10 wte Band 5 vacancies with two Band 5's commencing in late December/early January 2019, and this is based on a 40 bedded unit.

#### **Women & Children Division:**

Across the Women & Children Division there are 10.4 wte Band 5 vacancies. The newly qualified Midwives are in post with a robust preceptorship package in place. There is active recruitment to the Band 6 posts in the Acute and Community Maternity Services.

The Head of Midwifery has provided the bi-annual staffing report for Maternity Services and this is in Appendix 3.

#### **Diagnostic & Outpatients:**

Band 5 vacancies in the King's Treatment Centre is 1.76 wte. An advert is being created for a bespoke Outpatient Rheumatology Nurse. There has been a secondment opportunity for a Band 5 Registered Nurse to go to the Neonatal Unit and these shifts have been covered by the Nurse Bank.

#### **Allied Health Professional recruitment:**

There is 1.0 wte Band 5 Occupational Therapist vacancies, which has been recruited to, and will commence in January 2019. There is a Band 6 rotational MSK therapist vacant, and the interviews took place in late November 2018, and an internal candidate was successful.

Within Radiology there are Band 6 vacancies, and the division has recruited five newly qualified staff. There additional sessions in theatres, cardiac catheter suite and to cover extra hours as part of the winter plan. There is currently one Sonography on maternity leave and this is being covered by long-term agency. There are five student Sonographers within Radiology and the division is actively developing them for future recruitment. There are long-term MSK agency Sonographer for the MSK service.

Within Pharmacy there are two Band 6 vacancies which have been appointed to, and the new starters will commence in January 2019, these will take three months to become fully operational as they have previously worked within the community setting. The division has recruited to one Band 7, and they will commence in January 2019, and will continue to support the on-call rota until the summer of 2019. The division has had difficulties recruiting to the Women & Children’s division lead, but will continue to recruit in the new year. The division has also been successful at recruiting to the Pharmacy Bank and this will support the vacancies and the winter pressures.

**Newly qualified recruitment:**

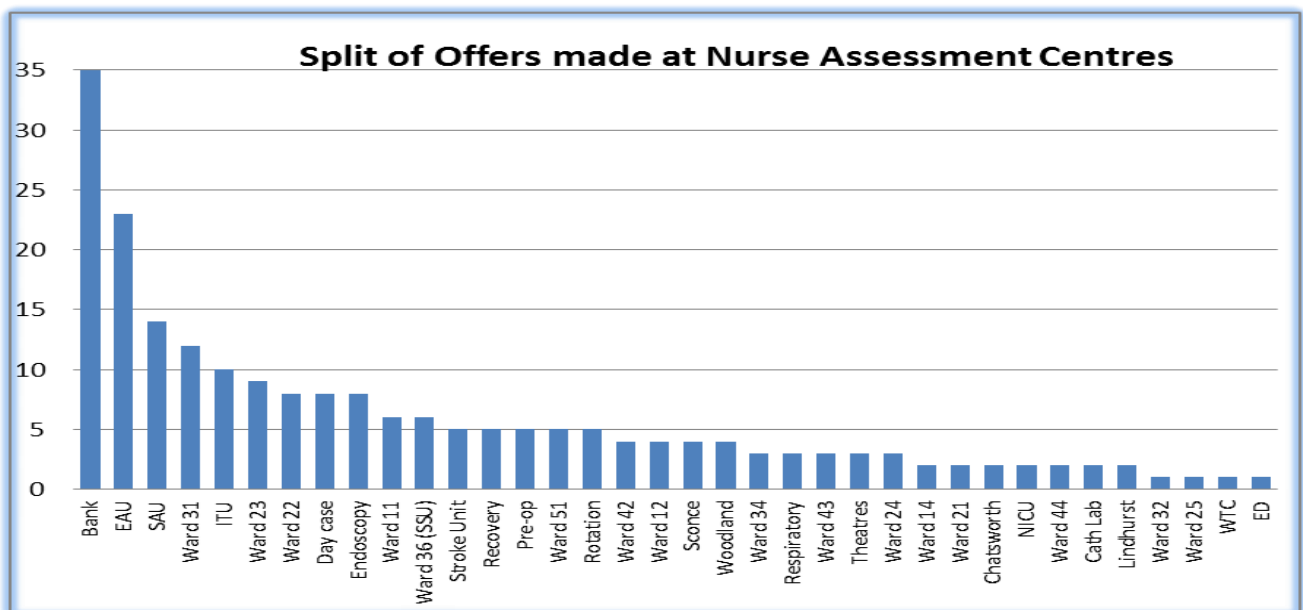
The preceptorship programme for the Newly Qualified Registered Nurses is well underway, and most of these nurses are now operational within the ward environment. The Practice Development team are working collectively with these nurses and providing them with support and guidance. The final Newly Qualified Registered Nurse will commence in January 2019, following the completion of their nursing programme.

The next cohort of newly qualified will be in March 2019, and these are the Master’s degree Registered Nurses from Nottingham and Derby University.

A planning meeting has begun for the 2019 cohort of Preceptorship Registered Nurses to ensure that the majority of these nurses will commence in September 2019. The Training, Education & Development Team are currently building plans to have a cohort of 50+. This will be supported by the divisions and Specialist Nurses in order to deliver a successful programme.

**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 in the recruitment process currently.



The recruitment for Nurse Bank and EAU continues to demonstrate positively, with good recruitment in other key areas. Wards 24, 42 and 43 Band 5 recruitment remains below 5 wte and this has been identified by the Medical Division.

**Chief Nurse Clinical Fellows:**

The Chief Nurse has appointed four Chief Nurse Clinical Fellow posts to support with the delivery of corporate projects across the Trust. The Chief Nurse Clinical Fellows have commenced in November 2018, and these are:

<b>Name:</b>	<b>Current role:</b>	<b>Chief Nurse Project:</b>
Morgan Lowe	Physiotherapy W&C – B7	NHS Improvement – ESR mapping AHP
Rebecca Herring	Practice Development Matron – B7	Registered Nurse B5 rotational programme
Tania Willetts	Deputy Ward Sister – B6 Paediatrics	Implementation of GREATix
Megan Williams	Digital Clinical Application – B6 Nerve Centre	Review of nursing documentation

This programme is to support development through, Quality Improvement programme including training in Human Factors, in project and programme management, to develop publication skills and styles and to promote retention of our senior nurses and AHPs.

**International Registered Nurse recruitment:**

There has been a successful recruitment campaign with Health Perm Recruitment Agency, and 27 International Registered Nurses have been recruited from the Philippines and India. The first cohort of International Registered Nurses will commence in February 2019, which is earlier than initially planned. There are currently 9 International Registered Nurses who have the Nursing & Midwifery Council (NMC) Decision Letters. The Trust is reviewing the Certificate of Sponsorship from the Home Office to expedite the arrival of these nurses.

The Nursing, Midwifery & AHP Taskforce Steering Group has supported a proposal to increase the number of International Registered Nurse recruitment to 50, and a business case is being presented to the Executive Team Meeting in December 2018.

There are five experienced Trust Registered Nurses to undertake ‘train the trainer’ NMC accredited course to support training International Registered Nurses which will take place on 12 December 2018, at Brooks College, Oxford. This will support the International Registered Nurses in the completion of their Objective Structured Clinical Examinations (OSCEs) and will facilitate their NMC registration.

**Trainee 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 Trust’s Job Description has been job matched as a Band 4, and this has been shared with the East Midland’s collaborative, and the national advisory group. The national Job Description is in line with the Trust’s Job Description and should therefore only require minor amendments.

There are currently eight out of the ten trainee Nursing Associates and who will secure posts as Band 4 within the Trust, in February 2019, and these are allocated to:-

Division:	Allocation:	Comments:
Surgery	Ward 12	2 Nursing Associate
Medicine	Ward 51	2 Nursing Associate
Medicine	Ward 41	2 Nursing Associate
Medicine	Ward 24	2 Nursing Associate

Of the remaining two trainee Nursing Associates, one has been accepted to do her nurse training and the remaining was an International Registered Nurse from India, who can now proceed to applying for her NMC status, and a Decision Letter from the NMC before commencing her OSCEs.

The Nursing, Midwifery & AHP Taskforce Steering Group has supported further trainee Nursing Associate programme for 20 candidates in March 2019, and an outline Business Case has been written and will be presented at the Executive Team meeting early next year.

**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. Currently all these nurses have not worked as Registered Nurses in their country of origin for 5 years plus, nor have they worked as a Registered Nurse within the United Kingdom, therefore they would require additional training to support their return to practice. Therefore, the Nursing, Midwifery & AHP Taskforce Steering Group has considered that the most appropriate action to take for this cohort of staff is to enroll a proposed 20 onto the Trainee Nursing Associate programme to support them to return to practice, and this will then allow them to apply to the NMC for registration before commencing their OSCEs training and examination.

**Nursing Apprenticeship:**

In November 2018 the Nursing, Midwifery & AHP Taskforce Steering Group agreed to review the Nursing Apprenticeship levy and the group agreed that the appetite for undertaking this project would be beneficial for the Trust. Therefore, during December 2018 an outline business case will be prepared and to explore the opportunity of supporting final year students as apprentices.

**Healthcare Assistant recruitment:**

The Assessment Days for Healthcare Assistant has continued to support the recruitment of Healthcare Assistant vacancies across the Trust. The Heads of Nursing have provided assurance that the Healthcare Assistant vacancies within the inpatient areas are now complete, and that recruitment is ongoing.

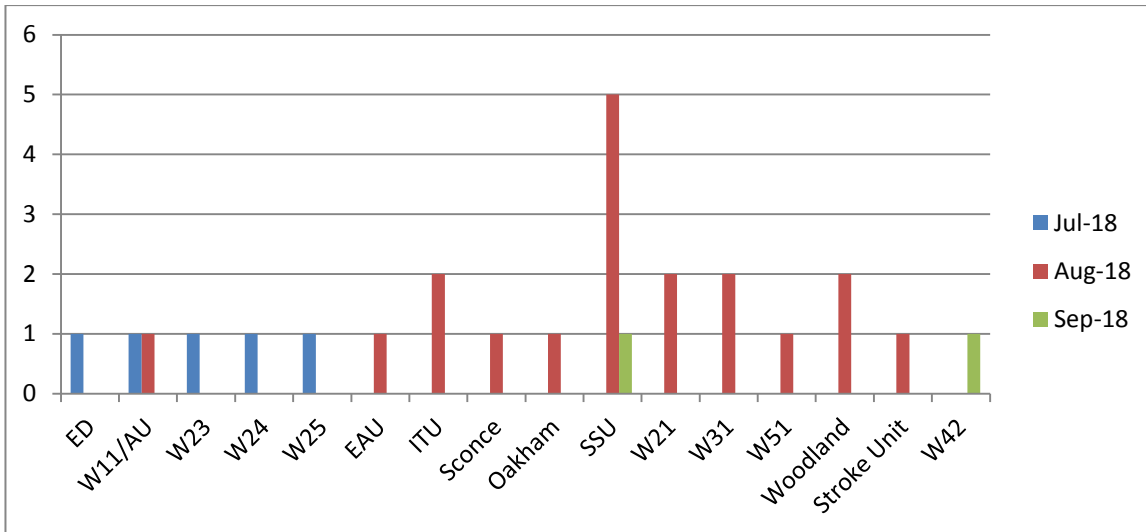
The Virtual Ward continues to be recruited to, following the inpatient ward recruitment, as per Standard Operating Procedure.

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

There have been no breaches of safe staffing in November 2018.

**Thornbury Usage:**

In Q2 there were 26 Thornbury shifts booked, and this is demonstrated in the following graph.

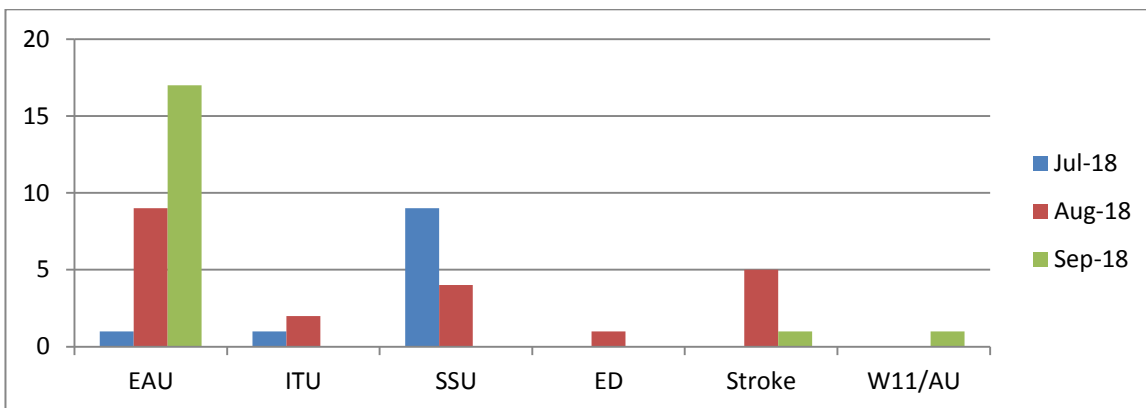


Short Stay Unit was the highest user in Q2, of Thornbury Nursing Agency, and all the shifts are escalated within the time scales via the auto-cascade, and to Short Notice Pulse.

In November 2018, there were nine Thornbury nursing agency shifts booked, of which eight were booked on the 4 November 2018, following a series of staffing issues, three for the medical division, four for the surgical division and one for Urgent & Emergency Care. There were none booked for EAU or SSU during this period. The remaining shift was booked for the medical division on the 17 November 2018.

**Short Notice Pulse Usage:**

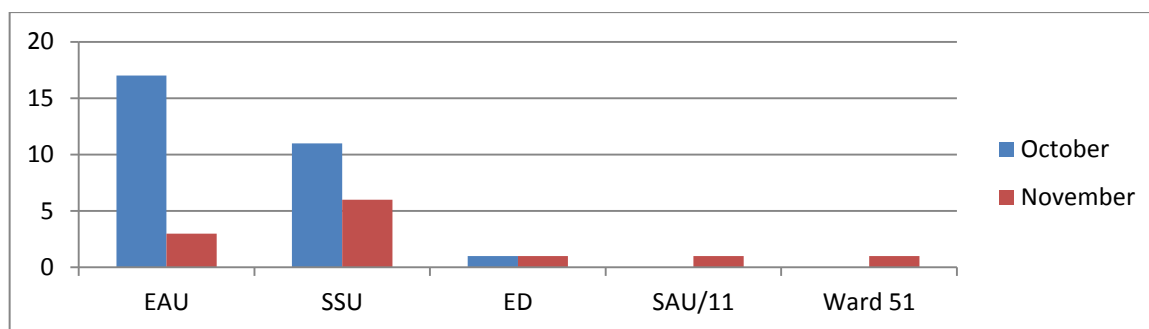
In Q2 there were 43 Short Notice Pulse shifts booked and these were from the following wards/departments.



Urgent & Emergency Care division were the highest users of Short Notice Pulse in Q2.

There has been a significant reduction in the number of Short Nurse Pulse shifts in November 2018, with only 12 shifts being requested. The table below demonstrates the reduction between October and November 2018.





There has been a significant reduction within Urgent & Emergency Care as predicted by the Head of Nursing in October 2018, now that the newly qualified Registered Nurses have come out of their supernumerary period.

### Retention Programme (NHS Improvement – Cohort 3):

The Nursing, Midwifery & AHP Taskforce Steering Group as part of our Retention Programme are undertaking the following in order to recruit and retain staff, and these are:-

- Celebration of 1 year of qualifying – the Chief Nurse held an Afternoon Tea in October for the nurses that qualified in 2017, and each nurse obtained a certificate to commemorate the event. The plans are underway to celebrate nurses that have qualified in 2018, in October 2019.
- The ‘Golden Ticket’ – a group of Matrons and Ward Sisters/Charge Nurses are reviewing this principle. The aim will be to get student nurses to attend focus groups from year one of their training, to have CARE value conversations and as they progress through their training they will find sponsorship from Ward Sisters/Charge Nurses and Matrons who will support them as having the values and behaviours of the Trust, and they will have a value conversation with the Chief Nurse and she will issue them with a ‘Golden Ticket’ which allow them to be offered a Registered Nurse post on the wards without an interview, and this will commence at the end of their second year.

### Vacancies:

In November 2018, the Band 5 vacancies trajectory demonstrated that there were 115.34 wte vacancies. The trajectory also predicts that the Band 5 vacancies should go beneath 100 wte in March 2019.

### Staffing Safeguards:

In October 2018 NHS Improvement released ‘Developing Workforce Safeguards’ document, and the Nursing, Midwifery & AHP Taskforce Steering Group will receive a gap analysis of the document and establish the Trust’s position, this will be reported in January 2019.

This document is designed to support providers to deliver high quality care through safe and effective staffing, using the components of safe staffing, using the evidence based tools and data, professional judgement, and outcomes. This will formulate the annual governance statement, in which SFH will be required to confirm their staffing governance processes are safe and sustainable.

The Trust was featured as a case study in Chapter 6 of the document – Unplanned workforce challenges, where the Standard Operating Procedure for managing our staffing safeguards are demonstrated.

**Exit Interviews:**

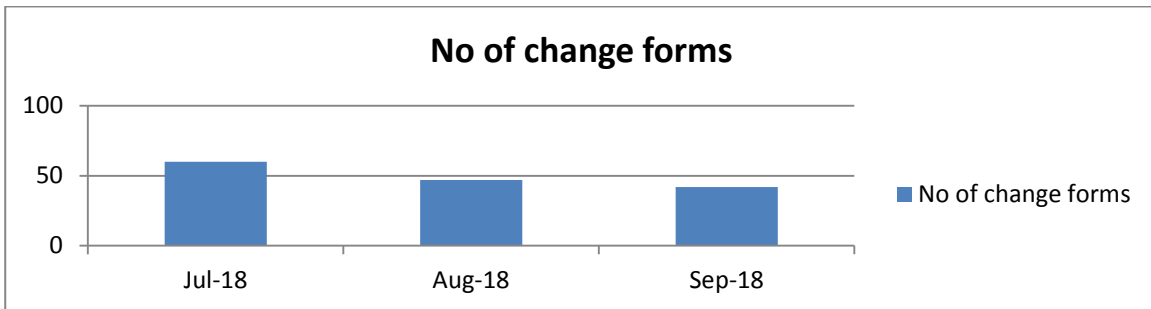
There has been a review of Exit Interviews that were carried out in Q2, and there has been two exit questionnaires completed, out of 26 Registered Nurse leavers. There was one positive and one negative exit questionnaire, however their details remain anonymous.

There has been discussion at the Nursing, Midwifery & AHP Taskforce Steering Group in October, with the Operational HR Manager, in relation to making Exit Interviews meaningful to the staff member and the Trust. The Heads of Nursing will review the process with the Matrons.

**Change Form Audit:**

There has been a perception that the B5 vacancies were not improving due to a number of staff moving to the Nurse Bank and reducing hours, therefore an audit has been undertaken of Q2's change forms.

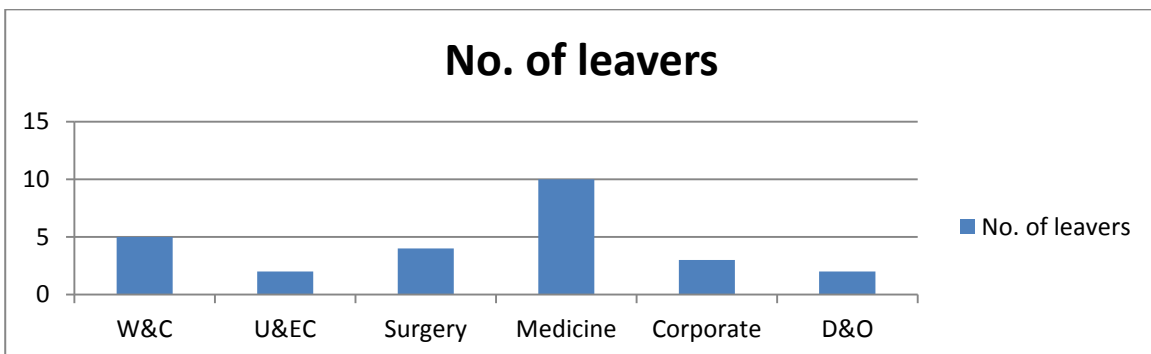
In Q2 there were a total of 149 change forms completed for nursing and midwifery, and these are presented in the following graph by month.



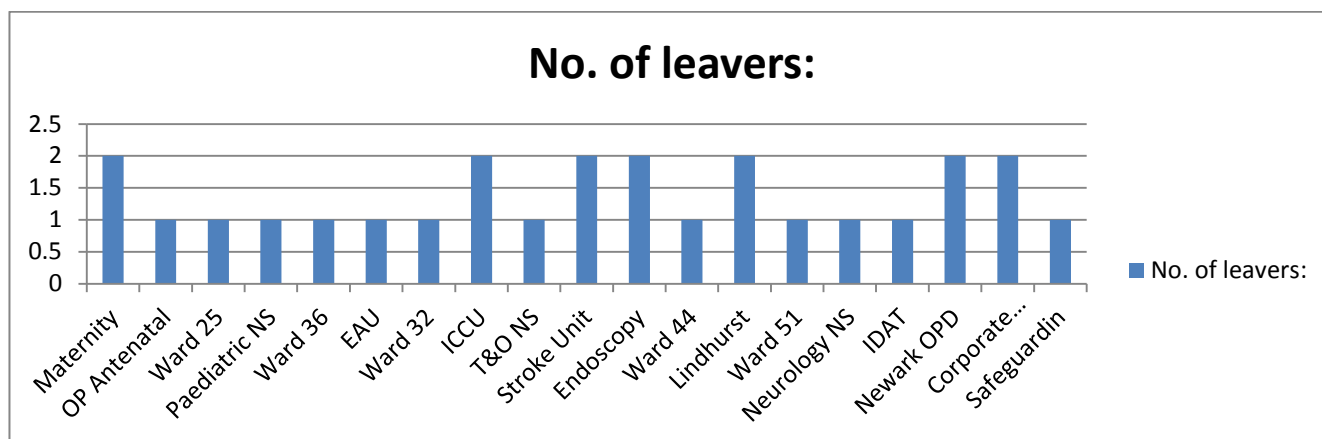
The full audit has been included in Appendix 4, which includes a breakdown of the reasons for change forms being generated by grade and description, and the conclusion is that there is a significant number of Band 5 Registered Nurses undertaking Band 6 secondment. The reduction in the number of hours was 6.95 wte, which has contributed to the Band 5 trajectory's position.

**Attrition:**

In Q2 there were 26 Registered Nurses that terminated their employment with the Trust, and the number of leavers by division is:-



This is broken down into ward areas as:-



The following matrix provides information on the reasons for leaving the Trust and by grade:-

	B5:	B6:	B7:	B8c:	B8d:
Flexi-retirement	2	2	2		
Retirement age	4	2	1	1	
Retirement	3				
Work-life	1				
Promotion	1	1			
Relocating	3				
Employee transfer					1
Other	1				
<b>Total:</b>	15	5	3	1	1

In summary, 26 nurses in Q2 terminated their employment, six staff returned on reduced hours following flexi-retirement, and the band range was B5 to B7.

In November 2018, the attrition was 3.68 wte Band 5, which remains below national average for attrition, and the following table provides the reasons and WTE for termination. There were 2.08 wte who took flexible or full retirement, 0.6 wte for work life balance and 1.0 wte who has been reported within the Newly Qualified Registered Nurse section.

FTE	Org L6	Leaving Reason	Destination On Leaving	Length of Service	Age Band
0.05	Ward 25	Flexi Retirement	SFH	20y 1m	51-55
1.00	Endoscopy	Retirement Age	No Employment	2y 1m	46-50
0.58	Theatres Recovery	Flexi Retirement	SFH	1y 5m	51-55
0.60	Minster Ward	Work Life Balance	Unknown	0y 4m	31-35
1.00	Ward 23	Relocation	Chesterfield	0y 1m	21-25

### **Restorative Supervision:**

The Trust has introduced restorative clinical supervision. Restorative clinical supervision is an evidenced based model designed to support health professionals to explore and reflect upon the emotions associated with their work in a safe, creative, solution focused and supportive learning space. Restorative clinical supervision is applicable across all disciplines and professional groups.

This type of supervision uses the principles of reflective practice to enable practitioners to understand and recognise the emotions associated with their work and links these with personal, professional and organisational values so that they are better able to support the delivery of delivering safe, effective and person-centred care. This is achieved through regular group reflection designed to connect staff with their core values and the motivation underpinning their work. It enables staff to step out of their daily routine in order to take stock of what really matters, to reflect on their practice and to learn from the wisdom of their peers.

To date the programme has been rolled out to the Heads of Nursing, the Practice Development Team and the current cohort of newly qualified nurses on the preceptorship programme. It will be further extended to all of the Matrons in January 2019 and to Band5/6 clinical staff.

### **Temporary staffing**

Bank Registered Nurse shift hours worked have continued to maintain a higher level in November 2018, due to unfunded beds which are open, increased activity and the number of vacancies. In November 2018 there was, week commencing 26 November 2018, 28.01% Registered Nurse shifts covered by nursing agencies (reduction in usage from October), and 66.73% covered by Registered Nurse shifts on Nurse Bank (increase in use from October). There were 5.27% unfilled shifts (decrease on October), and these are the 4<sup>th</sup> Registered Nurse on the inpatient medical and surgical wards, and therefore the 1:8 ratio was supported.

The Trust continues to not utilise Healthcare Assistants through nursing agencies. Week commencing 26 November 2018, there were 120.85 wte Healthcare Assistants were filled on the Nurse Bank, and this is an increase from October 2018. There was 17.5% (decrease on October) of Healthcare Assistant shifts unfilled, and there was no harms reported as a result of these unfilled shifts.

The Nursing, Midwifery & AHP Taskforce Steering Group has tightened controls on the authorisation of Healthcare Assistants above establishment, and the Heads of Nursing are reviewing all requests.

### **Safe Care**

Safe Care component of Health Roster Allocate, is being reviewed by a group of Matron, to increase utilisation, and develop the system within the ward areas, a group of Matrons have visited other Trusts to review how this could be transferred to the Trust.

In October 2018, the group of Matrons reviewing safe care have trialed a safe staffing against acuity in the Surgical Division, this has now been rolled out across the Trust and replaces the manual version. This has been well received across the organisation.

### **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 - Unity Staffing Information. For the purpose of the RAG rating anything between 90% - 95% is amber and anything 75% and below is red rated															
Ward Name	Overall	Registered in house nurses			Care Staff			Nights			Combined		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 into the better. I have highlighted below where it looks different		
		Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate %	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate %	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate %	Total monthly planned staff hours	Total monthly actual staff hours		Average fill rate %	
<b>Planned Care and Surgery</b>															
Ward 21 - Orthopaedics	318	941.00	902.00	95.86%	643.00	581.50	90.44%	658.50	659.50	100.15%	352.00	330.00	93.75%	95.32%	
Ward 12	695	1,710.00	1,527.50	89.33%	1,427.33	1,750.58	122.65%	990.00	1,001.00	101.11%	660.00	1,275.42	193.24%	116.02%	Increase in HCA usage due to volumes of enhanced observation patients.
Ward 14	308	1,501.50	1,180.50	78.62%	915.00	934.30	102.11%	660.00	660.00	100.00%	330.00	330.00	100.00%	91.14%	All shifts safely staffed - there are shifts which remain as available on the weekends which have been removed following establishment review, still not reflected in Health Roster
Ward 31	672	1,450.80	1,266.23	87.28%	988.00	1,148.50	116.24%	979.00	970.50	99.13%	660.00	716.00	108.48%	100.57%	Established for 4 RN's during the day but currently running on minimum numbers of 3 on most shifts due to vacancies/sickness.
Ward 32	658	1,349.67	1,494.67	110.74%	1,043.17	1,394.83	133.71%	979.00	990.00	101.12%	660.00	1,321.00	200.15%	128.99%	Increase in HCA usage due to volumes of enhanced observation patients.
SAU/Ward 11	602	1,800.33	1,695.50	94.18%	1,083.50	1,145.00	105.68%	1,467.00	1,415.50	96.49%	660.00	751.75	113.90%	99.94%	Increase in HCA usage at night due to volumes of enhanced observation patients that have been manageable in the day but not so at night.
ICCU	287	3,611.50	3,462.25	95.87%	361.75	283.75	78.44%	3,377.00	3,204.15	94.88%	330.00	298.50	90.45%	94.38%	Staffing generally has been fine this month. We only have 6 mainly part time carers with long term sickness within this team and other areas within the hospital putting these staff away from CCU.
CCU	280	2,666.08	2,238.25	83.95%	1,438.50	1,219.42	84.77%	484.00	508.50	105.06%	220.00	254.00	115.45%	87.26%	Increase in HCAs due to provision of additional bed capacity during periods of increased activity in the Trust.
<b>Total</b>	<b>3820</b>	<b>15,030.88</b>	<b>13,766.90</b>	<b>91.65%</b>	<b>7,900.25</b>	<b>8,467.88</b>	<b>107.05%</b>	<b>9,594.50</b>	<b>9,409.15</b>	<b>98.07%</b>	<b>3,672.00</b>	<b>6,276.87</b>	<b>170.98%</b>	<b>101.11%</b>	
NICU	304	1,825.50	1,618.42	88.69%	345.00	345.00	100.29%	1,725.00	1,579.50	91.57%	345.00	341.00	98.84%	91.61%	
Ward 28	509	2,364.25	2,466.33	104.32%	934.58	884.58	94.65%	2,070.00	1,835.08	88.65%	685.00	768.00	111.47%	98.29%	We have reduced our beds by 4 for a trial through November so 1 less nurse was required for each night shift. HealthRoster does not reflect this.
Resident Mobility	545	3,999.20	3,639.25	91.00%	1,720.75	1,189.17	69.11%	3,423.87	3,283.25	95.82%	1,380.00	1,090.00	78.99%	87.36%	Awaiting update of Health Roster template following movement of B2 budget to theatres
<b>Total</b>	<b>1388</b>	<b>8,188.98</b>	<b>7,724.00</b>	<b>93.32%</b>	<b>3000.34</b>	<b>2,418.75</b>	<b>80.65%</b>	<b>7,328.67</b>	<b>6,697.83</b>	<b>91.66%</b>	<b>2,414</b>	<b>2,199</b>	<b>91.04%</b>	<b>91.49%</b>	
EAU	1085	3,037.00	2,947.08	97.04%	2,534.48	2,508.83	98.99%	2,640.00	2,619.83	99.24%	2,301.00	2,478.82	107.73%	100.40%	
Ward 22	703	1,440.50	1,334.50	92.64%	1,440.00	1,400.50	97.26%	989.00	979.00	98.99%	990.00	1,034.00	104.44%	97.71%	
Ward 23	626	1,800.00	1,632.00	90.67%	720.00	825.50	114.64%	1,650.00	1,312.00	79.51%	330.00	690.08	209.12%	99.32%	Established for 5 trained nurses at night back filled with HCA - no safety concerns.
Ward 24	694	1,440.00	1,342.20	93.21%	1,440.00	1,462.50	101.56%	990.00	987.00	99.70%	990.00	1,059.50	107.02%	99.82%	
Ward 24	614	1,438.50	1,411.67	98.13%	1,080.33	1,175.83	108.84%	990.00	990.00	100.00%	979.00	1,090.00	107.25%	104.11%	
Ward 36+38	1094	1,952.33	2,190.15	112.18%	1,587.50	1,978.92	124.66%	1,452.00	1,661.00	114.39%	1,122.00	1,528.00	136.19%	120.35%	Open to 40 beds, has flexed up to 43 beds on occasions during November. The establishment on HealthRoster has not yet been increased and reflects staffing for a 32 beds-hence the fill rate appears higher than planned.
Ward 41	710	1,434.00	1,229.75	85.74%	1,450.00	1,445.67	99.70%	990.00	990.00	100.00%	990.00	1,021.42	103.17%	96.36%	
Ward 42	707	1,379.33	1,304.92	94.60%	1,064.00	1,417.50	133.22%	990.00	1,046.50	105.71%	990.00	1,100.50	111.16%	110.08%	Additional staff for 1-1's x2 on the ward during this period. 1 patient requiring 2-1 at times. On nights already had additional carer from uplift so only 1 additional carer needed.
Ward 43	658	1,839.70	1,726.20	93.83%	1,077.50	1,097.00	101.81%	1,639.00	1,617.00	98.66%	660.00	678.25	102.77%	98.13%	
Ward 43	703	1,461.00	1,464.08	100.21%	1,080.00	1,185.08	109.73%	990.00	995.33	100.64%	985.83	979.00	99.31%	102.38%	
Ward 51	701	1,436.00	1,239.75	86.34%	1,443.83	1,487.50	103.02%	990.00	979.00	98.89%	990.00	1,131.50	114.29%	99.55%	RN vacancies not filled by either TSO or Agency, increased night HCA duties due to patients requiring EPO
Ward 52	671	1,438.50	1,342.00	93.29%	1,782.83	1,898.33	106.48%	1,009.50	1,001.00	99.16%	990.00	1,089.00	110.00%	102.10%	Additional duties required for patients requiring EPO
Stroke Unit	791	2,831.50	2,772.50	97.92%	1,968.50	2,250.92	114.35%	1,650.00	1,660.50	100.64%	990.00	1,386.00	140.00%	108.47%	Additional duties required for patients requiring EPO, toward the end of November this included a patient requiring 2-1
Chateworth	456	1,105.50	1,017.50	92.04%	1,097.50	1,003.20	91.31%	660.00	660.00	100.00%	330.00	341.00	103.32%	94.64%	
Lindhurst Ward	690	1,438.50	1,300.83	90.43%	1,080.00	1,057.50	97.92%	660.00	663.00	100.45%	660.00	715.00	108.33%	97.34%	
Oakham Ward	707	1,445.50	1,321.33	91.49%	1,093.50	1,015.50	92.87%	660.00	660.75	100.11%	660.00	660.00	100.00%	95.04%	
Seonee Ward	603	1,084.50	1,074.00	99.03%	1,083.00	1,088.00	100.46%	990.00	990.00	100.00%	660.00	649.00	98.33%	99.57%	
Fernwood	241	345.00	354.50	103.78%	664.12	659.50	99.30%	375.00	375.00	100.00%	675.00	676.00	100.15%	100.29%	

**Appendix 2:**

Appendix 2 - Staffing information. For the purpose of the RAs rating anything between 95% - 99% is amber and anything 75% and below is red rated														
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	Nursing positive indicators					Appra %	Friends and Family		Patient Experience			
			Falls level 2-4	Pressure Ulcers Grade 2-4	Medication incidents Grade 1-2 %	Sickness	Registered Nurse Vacancies %		%Resp	%Rec	Compl	Concern	Compla	
Ward 11 Orthopaedics	95.32%		0	0	0	0.00%	0.00	0%	N/A	N/A	0	0	0	
Ward 12	116.02%	Increase in HCA usage due to volumes of enhanced observation patients.	1	0	0	7.17%	4.25	97%	N/A	N/A	0	1	0	
Ward 14	91.14%	All shifts safely staffed - there are shifts which remain as available on the weekends which have been removed following establishment review, still not reflected in Health Roster.	1	0	1	6.39%	6.64	88%	N/A	N/A	0	1	1	
Ward 21	100.57%	Established for 4 RN's during the day but currently running on minimum numbers of 3 on most shifts due to vacancies/sickness.	0	0	0	2.76%	5.16	100%	N/A	N/A	0	1	0	
Ward 22	128.99%	Increase in HCA usage due to volumes of enhanced observation patients.	2	0	0	7.01%	0.00	100%	N/A	N/A	1	1	0	
SAU/Ward 11	99.94%	Increase in HCA usage at night due to volumes of enhanced observation patients that have been manageable in the day but not so at night.	0	0	0	0.00%	0.00	0%	N/A	N/A	0	0	0	
ICCU	94.38%	Staffing generally has been fine this month. We only have 6 mainly part time carers with long term sickness within this team and other areas within the hospital pulling these staff away from CCU.	0	1	0	4.93%	3.64	98%	N/A	N/A	2	0	0	
DCU	87.76%	Increase in HCAs due to provision of additional bed capacity during periods of increased activity in the Trust.	0	0	1	3.51%	1.96	100%	N/A	N/A	2	0	0	
<b>Total</b>	<b>101.43%</b>		<b>4</b>	<b>1</b>	<b>2</b>	<b>3.97%</b>	<b>2.71</b>	<b>72.90%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>5</b>	<b>3</b>	<b>1</b>	
NICU	91.61%		0	0	0	8.46%	0.99	97%	N/A	N/A	5	0	0	
Ward 26	98.29%	We have reduced our beds by 4 for a trial through November 2024. HealthRoster does not reflect this.	0	0	0	5.00%	4.54	98%	N/A	N/A	0	1	0	
Inpatient Maternity	87.36%	Awaiting update of Health Roster template following movement of B2 budget to theatres	0	0	0	7.25%	4.18	84%	N/A	N/A	1	2	0	
<b>Total</b>	<b>91.40%</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>6.90%</b>	<b>3.24</b>	<b>93.07%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>6</b>	<b>3</b>	<b>0</b>	
EAU	100.40%		1	0	0	4.62%	10.25	97%	N/A	N/A	4	2	1	
Ward 27	97.71%		0	0	0	2.31%	3.86	100%	N/A	N/A	0	0	1	
Ward 28	99.32%	Established for 5 trained nurses at night back filled with HCA no safety concerns.	0	0	0	3.97%	8.61	100%	N/A	N/A	0	2	0	
Ward 24	99.82%		0	2	0	0.12%	7.59	92%	N/A	N/A	2	0	0	
Ward 24	103.11%		0	1	1	2.16%	2.83	97%	N/A	N/A	0	1	0	
Ward 28/29	120.35%	Open to 40 beds, has flexed up to 43 beds on occasions during November. The establishment on HealthRoster has not yet been increased and reflects staffing for a 32 beds. Hence the fill rate appears higher than planned.	0	0	1	8.35%	10.07	96%	N/A	N/A	0	0	1	
Ward 41	96.36%		0	1	0	13.65%	5.30	91%	N/A	N/A	2	1	0	
Ward 42	110.08%	Additional staff for 1-1's x2 on the ward during this period. 1 patient requiring 2-1 at times. On nights already had additional carer from uplift so only 1 additional carer needed.	1	1	0	5.31%	9.94	100%	N/A	N/A	0	0	0	
Ward 43	98.13%		0	1	0	4.27%	8.36	86%	N/A	N/A	0	0	0	
Ward 44	102.38%		0	0	0	3.71%	3.02	97%	N/A	N/A	0	0	0	
Ward 51	99.55%	RN vacancies not filled by either TSO or Agency, increased night HCA duties due to patients requiring EPO	4	0	0	5.72%	7.25	97%	N/A	N/A	1	1	0	
Ward 52	102.10%	Additional duties required for patients requiring EPO	2	0	0	7.56%	4.59	97%	N/A	N/A	1	0	0	
Stroke Unit	108.47%	Additional duties required for patients requiring EPO, toward the end of November this included a patient requiring 2-1	0	0	0	12.02%	5.36	98%	N/A	N/A	8	0	0	
Crabworth	94.64%		0	0	0	0.00%	0.00	0%	N/A	N/A	0	1	0	
Lindhurst Ward	97.34%		0	0	0	2.42%	2.33	100%	N/A	N/A	0	0	0	
Oakham Ward	95.04%		1	0	0	0.00%	0.00	0%	N/A	N/A	0	0	0	
Scoundce Ward	99.67%		1	0	0	1.83%	1.66	97%	N/A	N/A	0	0	0	
Fernwood	100.29%		0	0	0	3.00%	0.15667	96%	N/A	N/A	0	0	0	

**Appendix 3:**

**Staffing Paper for Maternity Staffing  
 Using Birthrate plus principles  
 Service Review April 2018– September 2018**

**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 *Standards for Maternity Care* state 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 the birth rate is decreasing, with increasing complexity of many births and high levels of retirement from the midwifery profession.

The challenges facing Maternity services were set out in: *Safe Births: Everybody's business*, and *Towards Better Births* 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 Midwife 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.

Trusts collect 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 and Clinical Governance Midwives.

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 and Korner's April 2018– September 2018.



Activity	Ratio Applied	WTE Required (Actual)	Funded WTE
Hospital Births	1:42	76.9	118.2
Home Birth	1:35	2.17	
Community Caseload	1:98	37	
Specialist and management Roles**	8%	9.3	8.6
<b>Total</b>		<b>125.4</b>	<b>126.8</b>

### 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 first 6 months of the year 1653, a decrease of 5.8% on last year, and on funded establishment the current ratio would be 1:28 (crude measures). These crude measures are reported monthly on the Maternity dashboard and the Trust’s performance report.

### Restorative Supervision A Equip

The A Equip service is mandated within the NHS contract for Maternity services. At Sherwood Forest Hospitals we implemented the service in April 2018, the service is provided on a sessional basis using a team of thirteen Midwives, the team is comprised of two Professional Midwifery Advocates (who have undergone extra training) and eleven Midwifery Advocates who receive initial and ongoing training in-house. The service requires at least one Professional Midwifery Advocate as part of the terms of reference which have been agreed through Maternity & Gynaecology Governance.

The A Equip sessions are Monday to Friday, 4hrs per session. This equates to 0.53 WTE.

### The Better Births Agenda

In 2016, NHS England published a five year review of how Maternity Services would be transformed following a study inspired by the events at Morecambe Bay. The document identified seven separate work streams including Continuity of Carer.

The local trajectories have been set towards the continuity of carer targets expressed by NHS England (Nottinghamshire LMS, June 2018). The service has undertaken an options appraisal.

Alison Whitham  
 Divisional Head of Midwifery/Nursing  
 November 2018

**Appendix 4:**

**Name:** Change Form Audit – Q2  
**Author:** Yvonne Simpson, Associate Chief Nurse  
**Date:** 15 November 2018

**Introduction:**

The Change Form Audit has been initiated following monthly review of the Band 5 trajectory at the Nursing, Midwifery & AHP Taskforce Steering Group, where the perception has been that the reason for the lack of improvement within the trajectory is due to Registered Nurses reducing their hours or moving to a Bank Nurse contract only.

Therefore, this audit has been commissioned to review all nursing change forms in Q2, and to establish the cause for the lack of improvement in the recruitment of Band 5 Registered Nurses.

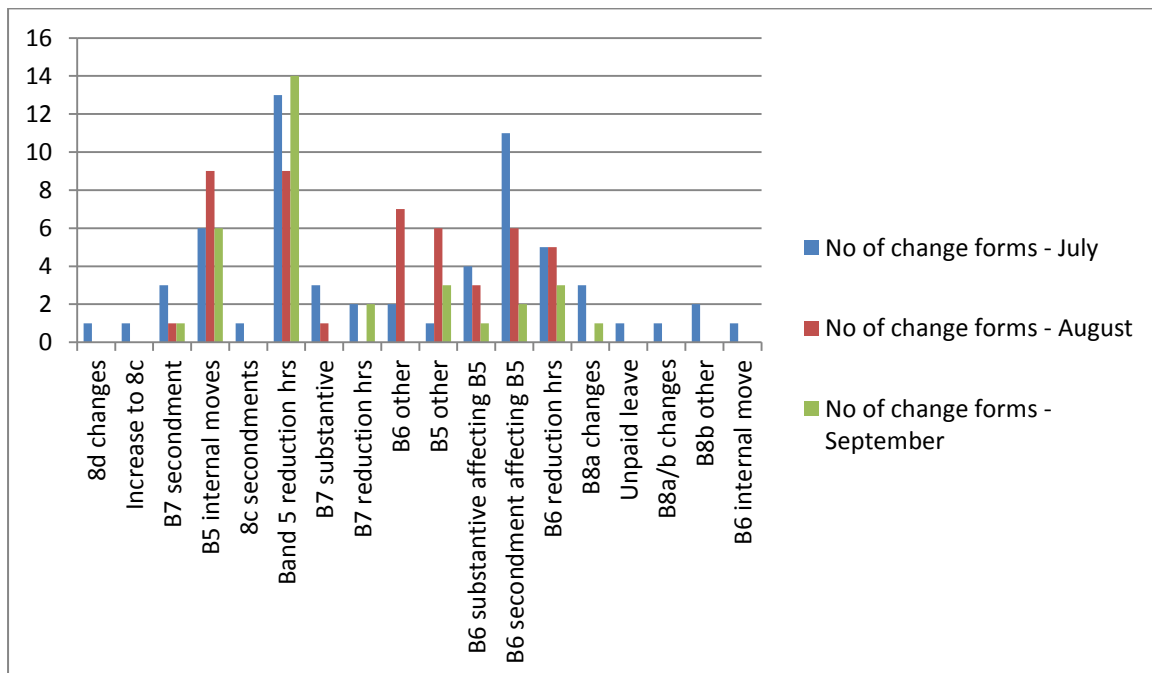
**Aim of the audit:**

The aim of this audit is to:-

- To the reasons for the change forms being populated;
- To establish the 'actual' cause rather than the anecdotal reason for the Band 5 trajectory not improving;
- To provide the full audit report to the Nursing, Midwifery & AHP Taskforce Steering Group and to the Heads of Nursing;
- To report to the Board of Directors in the six monthly Safe Staffing Board paper.

**Findings:**

In July 2018, the two main causes for change forms were, 13 forms for staff reducing their hours and 11 forms for B6 secondment affecting B5 vacancies, and there were an additional 5 forms for B6 substantive appointments affecting B5 vacancies. The following graph demonstrates the full reasons for the change forms.



In total for Q2 the secondment and substantive change forms were reviewed as these affected the Band 5 position, and the reduction in hours as this appears to be the largest

amount, and these are broken down as:-

<b>Month:</b>	<b>B6 secondment affecting B5 vacancies:</b>	<b>B6 substantive affecting B5 vacancies:</b>	<b>Reduction in hours:</b>
July 2018	13.68 wte	3.76 wte	2.11 wte
August 2018	5.02 wte	2.8 wte	1.67 wte
September 2018	4.85 wte	1.0 wte	3.17 wte
<b>Total:</b>	<b>23.55 wte</b>	<b>7.56 wte</b>	<b>6.95 wte</b>

The reductions in hours were across all bands from Band 5 to Band 8a, and there were some staff that had reduced their hours, and some that had increased their hours. The hours reduced ranged from 1 hour to 19.5 hours, with the increases ranging from 6 – 12 hours.

There was also 22 change forms in Q2 for Band 5 ‘internal movements’ which were not described by the ward to ward movement, and there was no additional information to support that this was movement to Nurse Bank, or from ward to ward.

**Conclusion:**

The auditor has concluded from this audit the following points:-

- That there is a significant number of Band 5 nurses on seconded to Band 6 posts which has impacted to the Band 5 vacancy trajectory;
- There a 7.56 wte Band 5 Registered Nurses that have moved into substantive Band 6 posts which has impacted on the Band 5 vacancy trajectory;
- In total there are 31.11 wte Band 5 Registered Nurses in secondment Band 6 roles or have been made substantive;
- In total across Band 5 there were 6.95 wte reduction in hours, which has impacted on the Band 5 vacancy trajectory;
- There were 22 change forms in Q2 for Band 5 ‘internal movement’ but there is insufficient information on the change form that describes where the staff has moved to;
- Collectively, 38.06 wte Band 5 hours have been impacted on the Band 5 vacancy trajectory.

Yvonne Simpson – Associate Chief Nurse  
 15 November 2018