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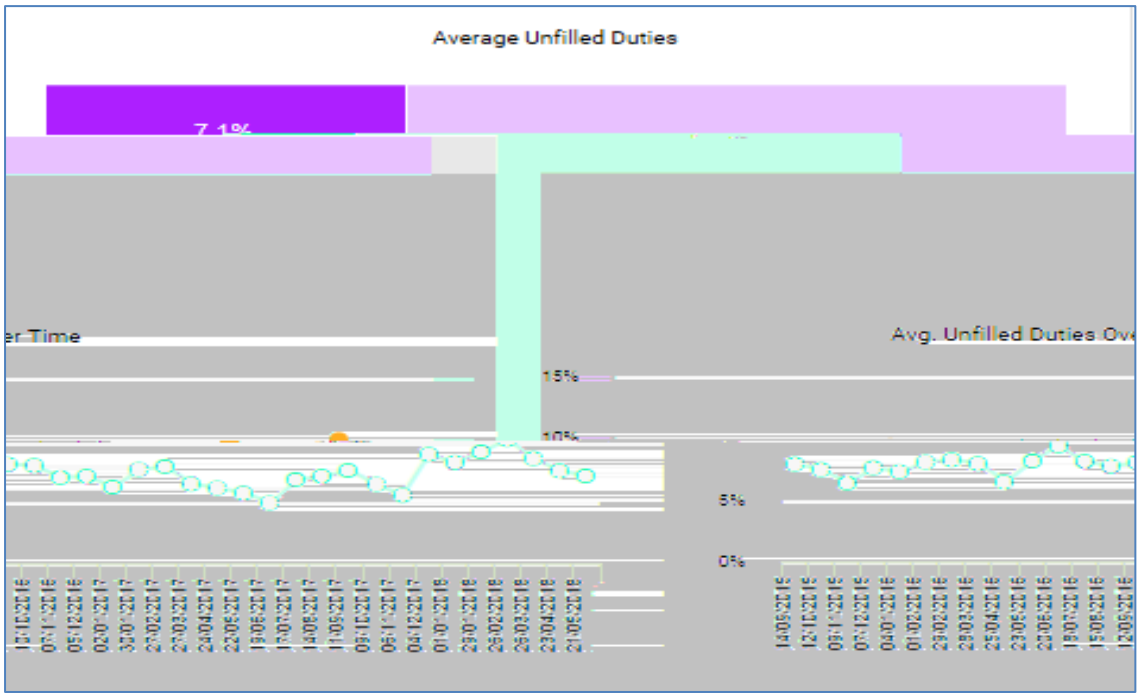
The table below shows the investment agreed at Board in December 2017 and became part of the

Additional Duties
- x Unfilled Duties
- x Hours Balance

These metrics are viewable via a portal and enables a view of our performance both as a Trust with comparisons at ward level and also against all other Trusts using the portal, including those of similar size, Foundation Trusts and acute Trusts. A monthly call is held with the Insight team and progress against goals evaluated. Analysis below provides detail of each key metric and our current performance. An overview graph has been provided for each metric and **Appendix pte l 04335o145f5(trr)10(e,5**

Additional Duties – this metric measures the number of additional shifts that are added to the roster template where extra staff are required and this is broken down into legitimate reasons such as patients requiring enhanced care, high acuity, additional beds, induction/supervision and avoidable reasons such as using up staff ours or staff patterns where extra shifts are added to meet staff requests. In terms of benchmarks against other Trusts we are in the mid-range

Unfilled Duties – this metric measures the number of shifts that go unfilled on a roster, and is measured in 2 ways – unfilled duty hours excluding additional shifts and unfilled roster which includes additional duties. There has been a slight increase in this metric over the last year which correlates with an increase in RN vacancies and inability to fill the demand through bank and agency. An element of this is also ensuring good housekeeping measures being maintained around rosters including cancelling shifts not filled but not required. An example of this would be in Radnor who are established for 10patients but may only have 5 patients – they re-allocate staff and cancel any unrequired shifts, and this is being reviewed through Roster Check and Challenge meetings . Nationally we are one of the top performers for this metric with a current average of 7.1% (5.7% last year) against 28.7% (24.6% last year) for similar size Trusts.



Hours Balance – this metric measures the hours balances on and between rosters ie ensuring staff hours are fully utilised. Again it can be seen over time that we have made a significant improvement since the introduction of Allocate, although there has been a slight increase over last couple of months which will be reviewed through Roster Check and Challenge meetings, and again is as result of theatres being rolled out this year. Nationally we remain one of the top performers with our average currently maintaining at 4.1% against benchmark of 16.1% for similar sized Trusts.

4.2 SafeCare – Use of Care Hours per Patient Day

SafeCare is an additional product offered by Allocate that assesses the acuity and dependency levels of the patients on a shift against both the budgeted roster template and the actual staff on shift – Care Hours Per Patient Day (CHPPD) and is fully embedded across the Trust.
The use of SafeCare has now been operationalised in the twice daily staffing meetings and is used to support decisions to review any gaps in shifts and review where staff can be moved or whether escalated to agency.

The SafeCare data for each ward is reviewed as part of the full skill mix review discussions and is triangulated with establishment and quality indicator data and alongside professional judgement. **Appendix 4** gives an overview of the current data for each ward and this will be reviewed as part of the full ward skill mix reviews over the summer.

Last year the Trust is participated in joint work with Allocate and NHSi with other selected Trusts across the country during the summer/autumn of 2017. The work focused on an in-depth analysis of the rosters of 10 wards and focused on 4 key areas – foundation, clinical utilisation, temporary staffing and delivered CHPPD. Through this work it was identified that there was excellent grip and control of rosters, and appropriate use of temporary staffing with limited areas for improvement.

4.3 Recruitment and Retention

The most significant challenge in managing the ward establishment has continued to be the number of vacancies, particularly for RNs, which continues to be at around 15% despite significant recruitment and retention activity. This is an issue nationally for the nursing workforce and was compounded by challenges as a result of Brexit and the requirement for all overseas nurses (European and International) to achieve IELTS (International English Language Test) at level 7. As a result we have seen the market for European nurses completely cease and whilst the progress in non rglsrronnodssSon inuesio4-1( )13(s)25(e)11(m)4(o)-4(r)e6(n)5(u)5(r)3(13)2(es)2( )]TJ-0.004 Tc 0.006 T-19.3017t-3(e)l

Focused work has commenced on retention to ensure we make every effort to develop and retain staff. This year saw the launch of Careers Clinics and Internal Transfer scheme which are both aimed at Registered Nurses and are designed to support them in finding career development opportunities within the Trust and enabling staff to move wards without needing to undergo full application process. Both schemes are in their infancy and are being adapted based on feedback. Additional work is required this year focusing on the nurses who are potentially retiring and how their skills and experience can be kept within the Trust.

Work continues in identifying opportunities to grow our own registered workforce through career development opportunities, the Trust is part of the Hampshire and Isle of Wight pilot for the introduction of the Nurse Associate role, with the 7 individuals due to complete their programme in March 2019 (2-year programme). A Nurse Education Supervisor has been appointed to support the non-registered workforce and support the progress towards growing our own through the use of apprenticeships. Nurse degree apprenticeships are now available nationally and attached in **Appendix 5** is a table which forms the basis of on-going work to identify the possible routes to train nurses of the future. Nurse degree apprenticeship is one model but due to the backfill requirements requires significant investment. This is being worked up in a separate paper but has been included here to give an early indication of the opportunities and costs.

Appendix 6 shows the current nurse to patient ratios based on ward establishment, the challenge with the high numbers of vacancies is in ensuring these ratios are maintained balanced with avoiding the use of high cost agency staff.

During 2017/18 it should be noted that despite the challenges in nurse staffing, we continued to perform well on nurse sensitive indicators – high harm falls have reduced and the Trust has just commenced on NHSi falls Collaborative programme, pressure ulcers remain low.

For the in-patient wards the planned establishments currently appear appropriate but with the main risk in sustaining this lying with recruitment and retention. There are a few key areas that will require further analysis due to new roles or increase in workload, and these will be presented in the full skill mix review:

- The Emergency Department is currently undergoing a change in workforce and ways of working with the recruitment to navigator roles and focus on senior clinical decision making on presentation.
- The Acute Medical Unit since relocating is experiencing a higher turnover of patients within an ambulatory driven model.
- The impact of the orthopaedic business case and ward reconfiguration is meaning a higher turnover of elective orthopaedic patients on Amesbury.
- The Trust invested in the Paediatric Outreach Service Team (POST) which was recruited to in 2017 – this service is currently subject to evaluation.

4.3 Specials/Enhanced Care

The use of additional staff to support patients with enhanced care needs has been of focus over the last year, and the Trust joined the NHSi Enhanced Care Collaborative in April 2018, which has its final event in July. The output of this work will be explored mor25 0 TdβΒ(n)2(t)-3The Ac0(v)2(e)-ials

5.0 Maternity and Neonatal

5.1 Maternity

The Midwifery workforce is reviewed on a monthly basis alongside acuity and activity. The Maternity services have been successful in reducing the midwife to birth ratio to 1:30 from an unacceptably high level which was seen pre investment in 2016 and ensuring 1:1 care in labour. Detail can be found within Appendix 7.

5.2 Neonatal

The Neonatal Service remains a level 2 Local Neonatal unit with 10 cots and following the staffing reconfiguration in late 2016 complies with the standards set by the British Association of perinatal Medicine (BPAM); an expectation of the National Neonatal network. The acute unit has fluctuating activity as would be expected and has escalated 66 times in the last 12 months. Escalation has been necessitated mostly by absence but on fewer occasions by acuity suggesting the skill mix is correct and both the gap analysis and the Peer review in October 2017 has confirmed this

Key challenges within the neonatal unit have been:

- short term sickness which has been over reduced this year to an average of 2% and maternity leave.
- Recruiting and retaining nurses who are 'Qualified in Speciality' (QIS) remains a challenge in an area with 2 tertiary units. The unit currently has 60% QIS and continues to develop staff internally.
- There must be at least 2 QIS nurses on per shift to maintain safety and appropriate supervision - places are assured on the new-born intensive care course but this of course does have a lead in time for training to be completed.BDC 20/C2((im)(e)-6(n)-101 Tw T3g1(t)-6(l fe)-6(n)-1

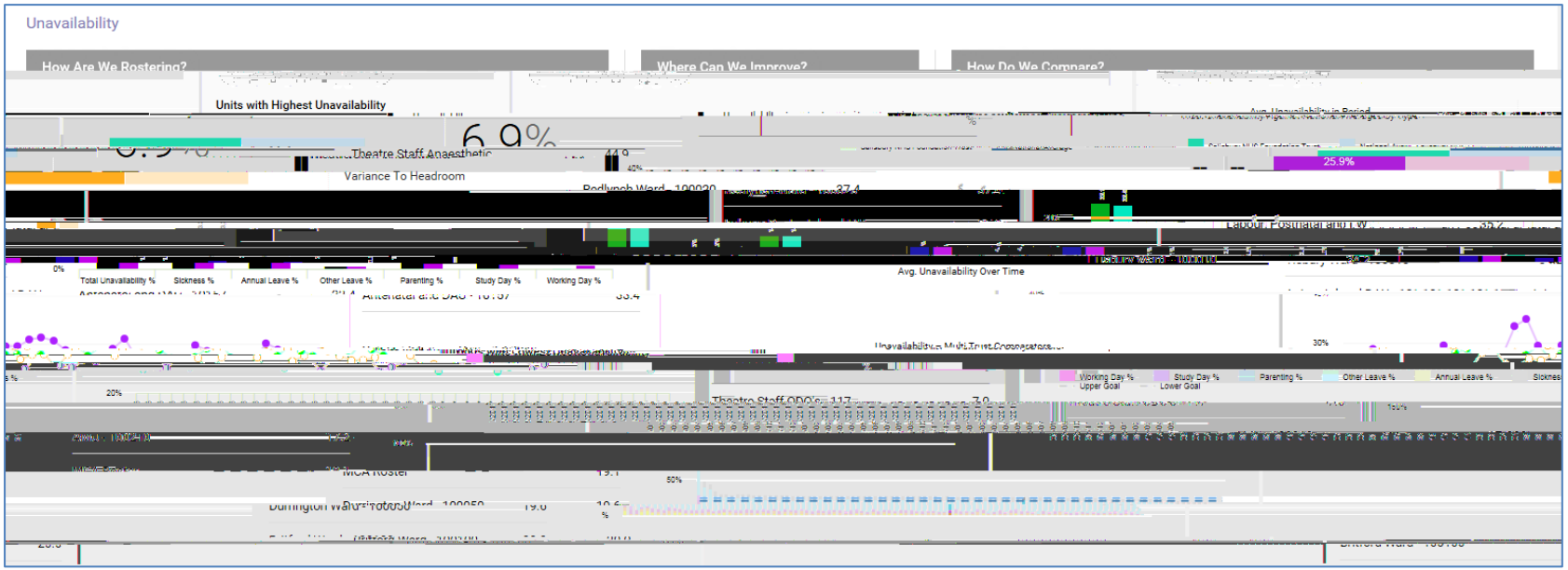
Nurse Staffing Requirements – Policy Context

Insight – KPIs including benchmarking

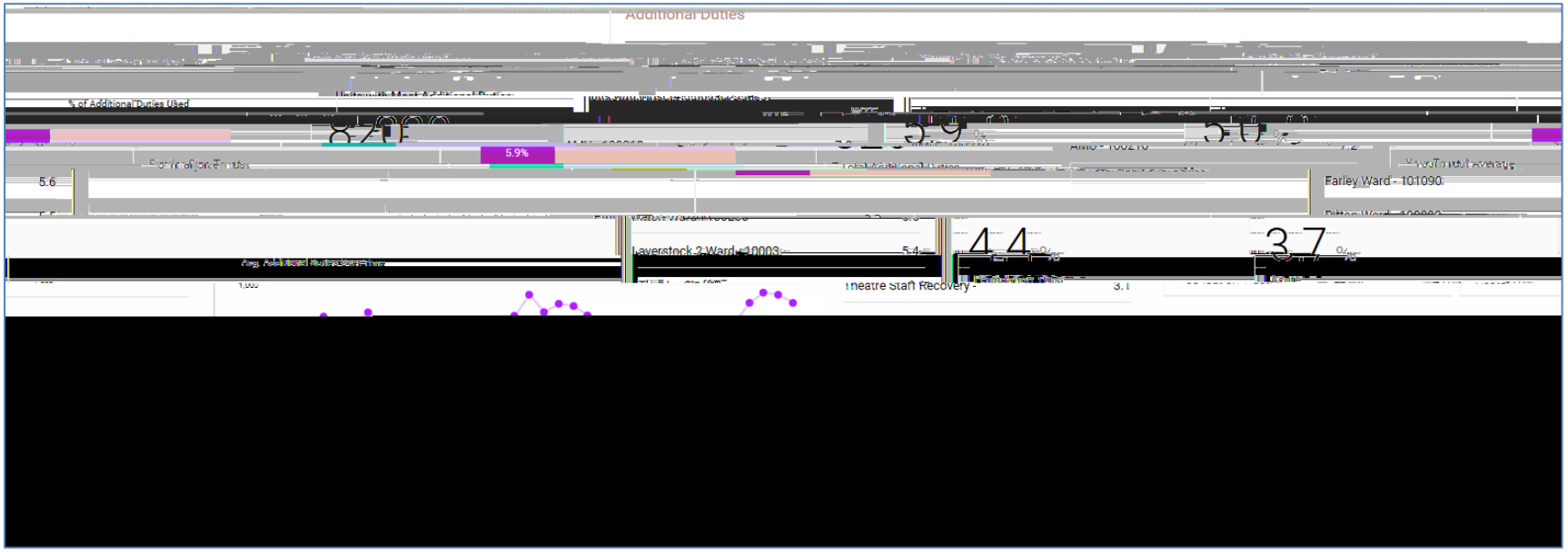
KPI 1. Roster Approvals

Appendix 2 **Skill Mix Update July 2018**

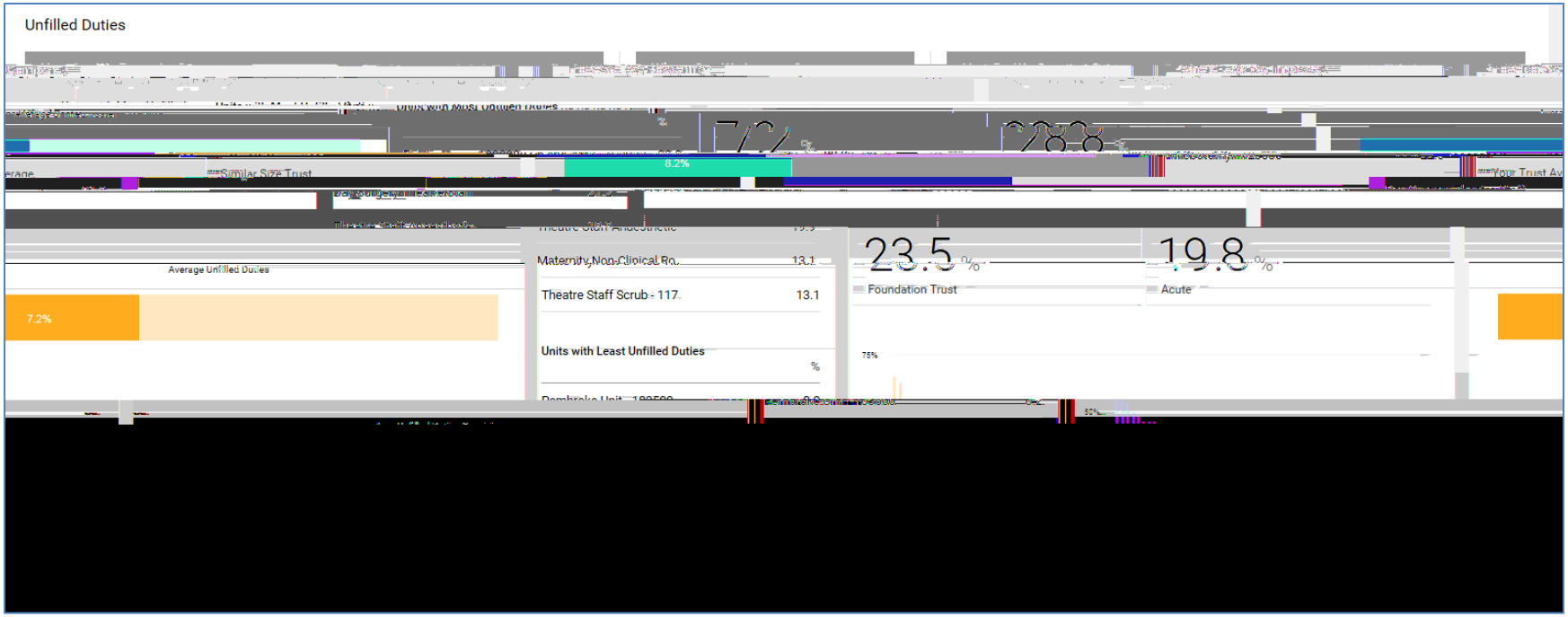
KPI 2. Unavailability



KPI 3. Additional Duties



KPI 4. Unfilled Duties



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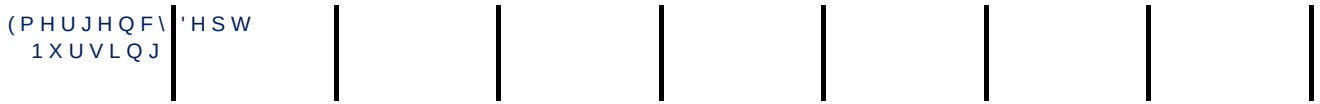

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SafeCare – Care Hours Per Patient Day
1st April 2017 – 31st March 2018

AMESBURY

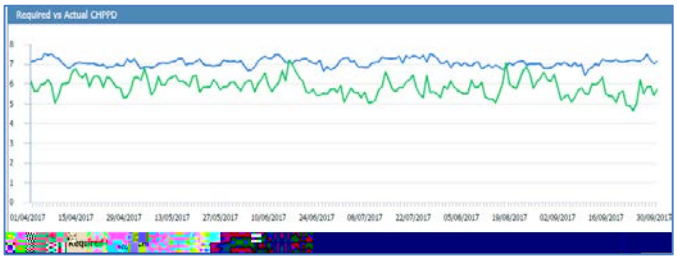
01/04

SafeCare – Care Hours Per Patient Day
1st April 2017 – 31st March 2018

SafeCare – Care Hours Per Patient Day
1st April 2017 – 31st March 2018

PITTON

01/04/2017 -30/09/2017



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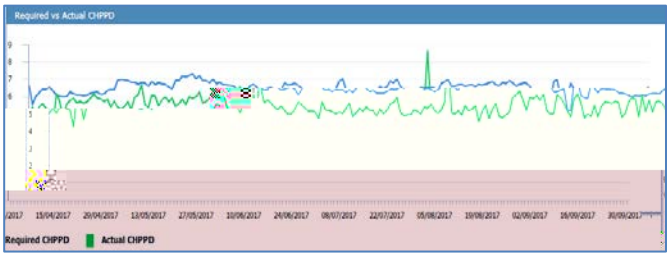

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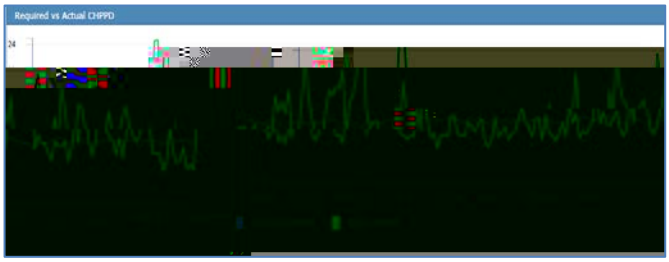

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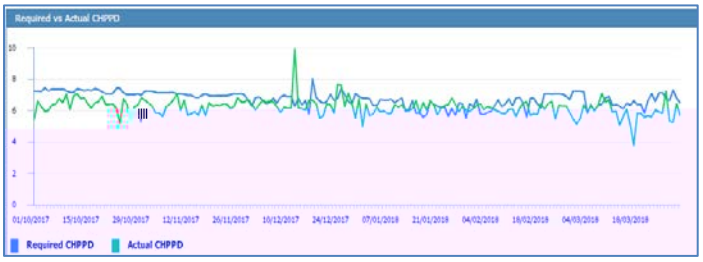

SafeCare – Care Hours Per Patient Day
1st April 2017 – 31st March 2018

TISBURY

01/04/2017 -30/09/2017

01/10/2017 -31/03/2018

WHITEPARISH (Prev. Breamore)

01/05/2016 -31/10/2016

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WINTERSLOW (Prev. Laverstock 2)

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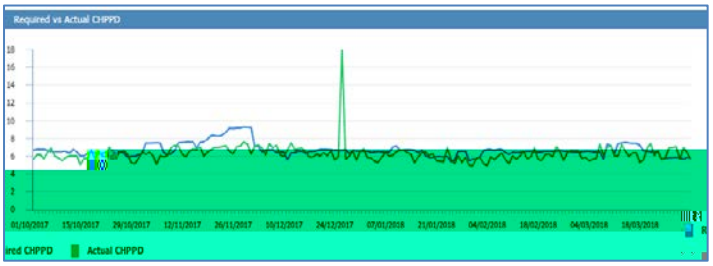
01/11/2016 -30/04/2017



					Amount	Paid by					Finance - Cost per year	Total cost per student			
Post Graduate Diploma	BU	Sept 2018	2yrs full-time	Band 5 RN	£9k per year	Health Education England (Feb 2018 only) then student loan or sponsorship	• Trust bursary of £5,000 per year PLUS • Bank contract @ Band 2	• £5,000 investment for bursary £9000 to cover tuition fees	Already have 1st degree in any subject and 600hrs of care experience prior to commencement of programme	2018 option - Pay back full bursary if leave during programme or within 6months of completion, for next 6months payback 75%, next 6months 50%, next 6months 25%. For future years should pay back bursary + tuition fees on same scale	£14,000 per student per year	£	28,000		Cumulative Impact on Placement included within current student placements
BSc Honours Degree	BU	Sep-18	3yrs Full-time	Band 5 RN	£9k per year	Student loan or sponsorship	• Trust bursary of £5,000 per year PLUS • Bank contract @ Band 2	• £5,000 investment for bursary • £9,000 for tuition fees	Minimum of 2yrs working within the Trust, Maths and English GCSE A-C OR completed functional skills literacy and numeracy level 2, A-Levels/ completed NVQ/QCF at level 3 OR Access to HE course	If leave during programme or within 6months of completion pay back all costs Trust incurred to date, for next 6months 75%, next 6months 50%, next 6months 25%	£14,000 per student per year	£	42,000	Need decision on how many places per year we would offer and focus on internal staff who are looking to complete nursing degree	included within current student placements
BSc Honours Degree	SSU	tbc awaiting NMC approval March 2018 ? Sept 19	3yrs Full-time												

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Appendix 4

Staffing Ratios by Ward

Ward	RN: Patient Ratio (Early)	RN: Patient Ratio (Late)	RN: Patient Ratio (Night)	Comments
Medicine				
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Durrington	1:7	1:7	1:10.5	
Farley	1:6	1:6	1:10	
Hospice	1:5	1:5	1:5	
Pembroke	1:5	1:5	1:5	
Pitton	1:5.4(6.75)	1:5.4 (6.75)	1:9	()
Redlynch	1:6.75	1:6.75	1:9	
Tisbury	1:4.5(2.5)	1:4.5(2.75)	1:5.75	()

Title: Midwifery Staffing report

1. Introduction

This report serves as a six monthly review of Midwifery staffing at SFT and fulfils the requirements of the National Quality Board (NQB) expectations and NICE guidance (2014) that the board are updated about midwifery staffing on a 6 monthly basis

As previously reported the maternity service consistently and continuously reviews the services and workforce in line with national standards, guidelines and Birth rate Plus. This report demonstrates compliance to key Midwifery recommendations from NICE (2014) which includes:

- Review and determine the Midwifery staffing establishment every 6 months
- Provide 1:1 care in labour (audited monthly).

The department complies with these recommendations

The National Quality Board has recently released new recommendations as part of its Safe, sustainable and

2. Midwife to Birth ratio

The Trust regularly monitors and reports its staffing of Midwife to Birth ratios as this is recommended and found within the Birthrate Plus® tool and is also endorsed by the Royal College of Midwives and the Care Quality Commission (CQC) . The ratios are reviewed monthly against the recommended mean national ratio of one whole time equivalent (wte) midwife per 28 births and these benchmarks have been reported on previous six monthly reports.

Birth to Midwife Ratio. July 2018

3. Challenges

- The service continues to see an increase in the Acuity of women accessing the service. This has impacted on the number of inductions of labour and subsequent complexity.
- The National Maternity Review 'Better Births' (NHS England 2016) was published outlining recommendations for a five year forward vision for maternity services. In response to this in 2017 the Bath and North East Somerset/Swindon/Wiltshire Local published