Title Ward Staffing nursing & midwifery establishment 6 monthly review November 2016 – February 2017

Sponsoring Executive Gail Byrne – Director of Nursing

Authors’ names & Job titles Rosemary Chable – Deputy Director of Nursing, Education and Workforce

Purpose of the paper For information □ To note □ Formal approval □ For decision □

The report details the methodology, findings, risk assessment and recommendations arising from the 6 monthly ward staffing review undertaken from November 2016 – February 2017

A report outlining established staffing in midwifery is also included.

The report outlines UHS progress in meeting the 38 recommendations included in the NICE guideline (2014) on safe staffing for in-patient wards and provides an update on the action – plan to achieve the recommendations in the national guidance staffing levels published by the National Quality Board in July 2016.

Information and a self-assessment is included on the new draft acute inpatient toolkit and the 10 recommendations published in December 2016.

The report is presented in full as an expectation of the National Quality Board guidance on staffing which requires presentation and discussion at open board of all aspects of the 6 monthly staffing reviews.

History Report on the systematic review of ward staffing presented annually to TEC since 2009 and 6 monthly to Trust board since 2014.

Review findings validated at Nursing and Midwifery Staffing Review Group.

Report presented and recommendations agreed at TEC on April 12th 2017

Main issues / Executive Summary In November 2013 as part of the national response to the Francis enquiry, the National Quality Board published a guide to nursing, midwifery and care staffing capacity and capability (2013) ‘How to ensure the right people, with the right skills, are in the right place at the right time’. This guidance was refreshed, broadened and re-issued in July 2016 to cover all staff and to include the need to focus on safe, sustainable and productive staffing.

UHS has developed a sustainable model for
systematically reviewing staffing levels on the wards which has been strengthened year on year and uses nationally recognised methodologies.

The 6 monthly review for 2016/17 has shown that overall areas broadly meet the national recommendations with UHS nursing establishment levels set to achieve an average 1:5 to 1:7 registered nurse to patient ratio in the majority of areas during the day.

Wards are staffed at 60:40 registered/unregistered AWL ratio or above in the majority of general inpatient areas. Exceptions are linked to active implementation of trained band 4 staff where appropriate.

Planned total Care Hours Per Patient Day (CHPPD) average at 7.6 against a national range of 6.3 – 15.48

Progress continues with achieving compliance with the NICE guidance on staffing in acute inpatient wards published in July 2014. Of the 38 recommendations, UHS is now compliant in 31 with 7 requiring further action.

The guidance on safe staffing issued by the National Quality Board in 2013 was refreshed and reissued in 2016. Progress continues with achieving compliance with this and the newly issued toolkit to support adult inpatient care.

Implications
Recommendations in this report link to the statutory responsibilities arising from the National Quality Board (2013; 2016) expectations on ensuring staffing capacity and capability.

Action Required
Trust board are requested to discuss the attached report at open board as a requirement of the National Quality Board expectations on safe staffing assurance and note the recommendations agreed at TEC on 12th April 2017.

Next Steps
The next annual review will be carried out from August to October 2017 and presented in November 2017.

1 Purpose

1.1 The purpose of this paper is to report on the outcomes of the 6 monthly review of ward staffing nursing establishments undertaken from November 2016 – February 2017. This 6 monthly review forms part of the trust approach to the systematic review of staffing resources to ensure safe staffing levels to effectively meet patient care needs.

1.2 This paper focuses specifically on a review of in-patient ward areas. Reviews of intensive care, high care areas, emergency department and outpatients are reviewed separately within the appropriate Division. These other areas are also subject to separate emergent guidance either from NICE or NHS Improvement in relation to safe staffing levels.

1.3 A specific report focusing on midwifery staffing is also presented as part of this paper at Appendix 1.

1.4 The report also includes an update on NICE clinical guideline 1 – Safe Staffing for nursing in adult inpatient wards in acute hospitals, issued in July 2014 and details progress with the action plan for adopting this guideline within UHS.
1.5 This report fulfils expectation 1 and 2 of the National Quality Board requirements for trusts in relation to safe nurse staffing (see Appendix 2)

2 Specific Detail

2.1 Ward staffing review methodology

2.1.1 In 2006 UHS established a systematic, evidence based and triangulated methodological approach to reviewing ward staffing levels on an annual basis linked to budget setting and to staffing requirements arising from any developments planned in-year. All this was aimed to provide safe, competent and fit for purpose staffing to deliver efficient, effective and high quality care and has resulted in year on year changes in the nursing workforce matched by increased investment where required.

2.1.2 Following the National Quality Board expectations in 2014, reviews are now undertaken 6 monthly with reporting to trust board in February/March and September/October. The approach utilises the following methodologies:

- Shelford Safer Nursing Care Tool Acuity/Dependency staffing multiplier (A nationally validated tool reviewed in 2013 - previously AUKUH acuity tool). Now incorporated into the ‘safecare’ module of healthroster, rolled out trustwide, assessed 3 times a day on each ward and used as part of the daily staffing assurance meetings
- Care Hours Per Patient Day
- Professional Judgement
- Peer group validation
- Benchmarking and review of national guidance
- Review of eRostering data
- Review of ward quality metrics
- Patient contact time review

2.2 National guidance

2.2.1 In 2013 as part of the national response to the Francis enquiry, the National Quality Board published a guide to nursing, midwifery and care staffing capacity and capability (2013) ‘How to ensure the right people, with the right skills, are in the right place at the right time.’ This guidance has now been refreshed, broadened to all staff and re-issued in July 2016 to include the need to focus on safe, sustainable and productive staffing. The expectations outlined in this guide are presented in Appendix 2.

2.2.2 These expectations are fulfilled in part by this review and the detailed action plan (Appendix 3) has been updated with progress towards achieving compliance with the 37 recommendations that make up the 3 over-arching expectations. This assessment shows UHS is compliant with 32 recommendations, with significant progress being made in the following 5 areas requiring further action:
Benchmarking – addressed by the development of the model hospital: The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.

Allocated time for the supervision of students and learners: Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students.

Equality and diversity: The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.

Recruitment and Retention linked to the reduction in agency use: The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid over-reliance on temporary staff.

Generational considerations: In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development.

2.2.3 In December 2016 a draft improvement resource for adult inpatient wards in acute hospitals was published. This is the first of a suite of improvement resources designed to support the approved NQB guidance on safe, sustainable and productive staffing. It is aimed at wards that provide overnight care for adult patients in acute hospitals excluding intensive care high dependency, acute admissions and assessment units.

A self assessment has been completed for UHS (Appendix 4) which identifies some key actions to meet the guidance including:

- Moving back to annual ward staffing reviews with a 6 monthly light-touch re-assessment.
- Piloting multi-professional rostering in ward areas where there is a significant contribution from staff other than nurses
- More systematic assessment of headroom (uplift) levels both in real-time and as part of the staffing reviews.

2.2.4 In July 2014 NICE published clinical guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals. This guideline is made up of 38 recommendations. A detailed action plan was developed within UHS and is reviewed 6 monthly by the Nursing and Midwifery Staffing review group. The current assessment (February 2017) shows continued progress with full compliance in 31 recommendations and the remaining 7 requiring some work to further embed existing processes. These outstanding actions pose low risk to the trust and will be achieved, in the main, with the further embedding of the safercare module of eRostering. The ongoing action plan is included at Appendix 5 detailing the recommendations and the UHS compliance position and actions in progress.

2.3 6 monthly Ward Staffing review 2016/17 – Outcomes

2.3.1 The 6 monthly review was carried out from November 2016 – February 2017 with initial review meetings taking place with each Division (attended by SHN, Matrons, Ward Leaders, Finance representatives, workforce representatives and facilitated by the Deputy Director of Nursing, Education and Workforce). The same triangulated methodology was used as in previous reviews. An update on the latest guidance and reporting requirements in relation to staffing were also included in the divisional review meetings as was a discussion around CHPPD and the emergent of ‘safercare’ data.

2.3.2 The detailed spreadsheet with ward by ward findings is included at Appendix 6. This provides information on the current establishment data broken down by shift and assessing against registered/unregistered ratios; CHPPD; nurse to patient ratios by registered and total nurse
staffing and detailing acuity information from the Safer Nursing Care Tool (SNCT acuity tool – where appropriate).

2.3.3 Nurse to patient ratios by registered and total nursing

- The ward establishments allow for registered nurse to adult patient ratios during the day across UHS to range from 1:3 to 1:7 depending on specialty and overall staffing model. These can however regularly increase when wards are not fully established.

- Planned staffing ratios at night require constant oversight to ensure the model is sufficient to provide the required support for patients out of hours. Following previous reviews there are now no areas with ratios higher than 1:10 (RN to patient) with the exception of MOP where they are utilising a planned band 4 model where the ratios rise to 1:14. This is however offset by a total nurse to patient ratio of 1:6.

2.3.4 Registered to unregistered ratios

- UHS ward areas were reviewed against the benchmark of 60:40 registered to unregistered ratios as the level to which ward establishments should not fall below unless planned as the model of care.

- The majority of wards (35) are now established at between 60:40 (18 wards) and 70:30 (17 wards)

- A range of wards are below the 60:40 ratio where they are utilising band 4 staff as an appropriate contribution to the model of care (F3, Medicine for Older People wards and D10 isolation)

- A range of wards are above the 70:30 ratio in the regional specialties where the intensity of the patient needs requires a higher ratio of registered staff (paediatric areas, intensive cancer care areas, intensive coronary care areas and intensive neuro areas).

- The support of band 4 roles continues to be designed in as part of a model of care in a number of areas and this has continued to accelerate in 2016/17 linked to the further development of apprenticeship opportunities. This is also providing a blueprint for the nursing associate role being piloted nationally and locally. In many areas where the acuity and intensity of patients has increased and treatment and medication regimes are complex, reduction in the overall skill-mix of registered to unregistered staff is not appropriate to maintain safe staffing levels and ensure adequate supervision. Focus will continue on reviewing the overall registered to unregistered ratios to ensure reductions are linked to planned model of care changes.

2.3.5 Assessment against the Safer Nursing Care Tool (acuity/dependency model)

- The Safer Nursing Care Tool (acuity/dependency model) has been used to model required staffing based on the national recommended nurse to patient ratios for each category of patient in all of the adult areas. This is now integrated into the healthrosters system as part of the safercare tool and provides information on acuity/dependency levels and corresponding staffing levels on a real-time basis. Where the predicted levels differ from established numbers, professional judgement has been used to assure that the levels set are appropriate for the specialty and number of beds.

2.3.6 Care Hours Per Patient Day

- Total Care Hours Per Patient Day (CHPPD) range from 4.9 (F5) – 17.2 (Piam Brown) and average at 7.6 against a national range of 6.3 – 15.48. A ward by ward graphical breakdown is included in Appendix 6.

- Registered care hours per patient day range from 3 (G8) – 16.4 (Piam Brown) and average at 5.2.

- Unregistered care hours per patient day range from 0 (G2 Neuro) – 4.4 (D10 isolation) and average at 2.4

2.3.7 Allowance for additional headroom requirements and supervisory ward leader model

- All areas have 23% funding allocated to allow for additional headroom requirements arising from non-direct care time.
• The 3 year rollout of the supervisory ward leader model has now completed. It should be noted that the ongoing position with vacancies has resulted in those ward leaders with supervisory status regularly working as part of the baseline numbers. In January 2017 the average supervisory time achieved was 43%. Full benefits of the supervisory model will not be realised until substantive staffing levels improve but the model has continued to support the achievement of patient experience and safety outcomes at ward level, the targeted reduction in temporary staffing usage as well as supporting the high volume of staff requiring supervision appointed via recruitment campaigns.

2.3.8 Specific Divisional issues emerging

• **Division A:** Overall established staffing levels are appropriate for the level and acuity of patients with previous investments with the exception of:
  
  o F5 - higher registered nurse ratio and care hours per patient day required to address the high acuity patient throughput.
  
  o CMH – Increase in the overall CHPPD required with an uplift in unregistered shifts.

Changes to these establishments have been proposed as part of the budget setting process.

Detailed work is ongoing to look at the impact of pathway changes across cancer care that lead to higher acuity patients being cared for on C4 (high dose radiation), D3 and C6 (neutropaenic standards requiring these patients to have 1:2 ratio).

Further review and adjustment has been undertaken in the previous 6 months to staffing levels and skill-mix for the acute surgical assessment unit which now feels appropriate for the patient acuity and throughout.

Notable rise in the numbers of patients requiring enhanced care (specialling) in the last 6 months in Surgery – over recruited to unregistered staff whilst scoping the long-term requirement and link to the Division B/D enhanced care service.

It should be noted that whilst the establishment levels achieve the recommended nursing metrics in the majority of areas – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis particularly within Surgery.

• **Division B:** Overall established staffing levels are appropriate for the level and acuity of patients with previous investments.

The division have continued to expand the band 4 model within the MOP wards and is now rolling this out into some of the medical wards to provide a higher total nurse to patient ratio.

The division have continued to look at the provision of support roles (ward clerk, housekeeper) within the division to enhance the support at ward level.

A range of innovative shift patterns including twilights is also being utilised to ensure care hours are focussed at the times of greatest patient need,

It should be noted that whilst the establishment levels achieve the recommended nursing metrics – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis particularly in emergency medicine and medicine for older people.

No ward based roles have been put forward as part of budget setting.

• **Division C (excluding midwifery):**

National Safe and Sustainable Staffing paper due for release imminently. Division will need to undertake a piece of work benchmarking gaps and highlighting key areas of concerns and areas for development.

Currently overall established staffing levels assessed as appropriate for the level and acuity of patients with the exception of:

E1 – Challenged with high acuity and registered nurse ratios particularly at night. Changes to these establishments have been proposed as part of the budget setting processes, no funding as available, but will be part of the wider business case looking at the expansion of
cardiac services, this is being led by the strategy business development manager for division C.

The Children’s Hospital has successfully piloted the use of an adapted Shelford acuity/dependency model for children and this has now been transferred to the ‘safecare’ healthroster system as part of the rollout. This model is likely to be adopted as the national model for assessing acuity/dependency in children’s areas.

The Children’s Hospital are also going to be part of a successful bid involving Birmingham and Nottingham, funded by the Burdett trust looking at the concept of flexible working. This will be an action research project to improve nurse retention using a team-based approach to work design, reconciling productive rostering and enhanced work-life balance

• **Division D:** Overall established staffing levels appropriate for the level and acuity of patients with previous investments and the recent reconfigurations in T & O, Neurosciences and Cardiothoracics.

It should be noted that whilst the establishment levels achieve the recommended nursing metrics – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis particularly in T & O.

Review of recruitment initiatives undertaken and a plan is in place to review current educational incentives for staff working within T&O.

Further reconfiguration work to be undertaken within CVT, with the planned vascular expansion.

A further rise in the number of patients requiring enhanced care (specialling) support was noted in the review. A plan is in place with Division B to make changes to the current structure of the enhanced care support team (see 2.4.2).

No ward based roles have been put forward as part of budget setting.

2.4 Trust wide risks and issues considered in the review

2.4.1 **Increasing patient acuity/dependency**

The development of our defining services continues to result in an evidenced increase in the complexity, acuity and dependency of the patients cared for in our general ward beds.

Information on the acuity and dependency of our patients, including any enhanced care needs is now available via the ‘Safe Care’ functionality in healthroster and is used in real time as part of our daily staffing meetings. The information is also now used at the 6 monthly reviews as part of the professional judgment assessment.

2.4.2 **Increasing enhanced care needs**

The Enhanced Care Support Team (ECST) review in Feb 2017 demonstrated the overarching concept of a centralised enhanced care team in Div B & D is sound and has had a definite impact on improving the quality of care for our most vulnerable patients and some impact financially. The areas still under review include the divisional leadership structure within the team, the day to day flexibility of the team in order to meet the needs of the increasing patient demand and complexity. Proposals for restructure are under consultation and are being led by the Divisional Heads of Nursing and Professions in Division B and D. Division A are considering developing a similar model of care within their division.

The introduction of ‘safecare’ as part of the eRostering system has allowed a more accurate capture of the acuity and dependency of patients which now includes any additional enhanced care needs in real-time. This enables the trust to have a better overview of the enhanced care requirements and the trustwide priorities.

2.4.3 **Contribution of non-ward based staff**

A specific focus is currently being given to the contribution of roles not included in direct ward/department establishments in line with Carter recommendations.

National workforce coding leads to a number of different category of role being included in this group (e.g. Clinical Nurse Specialist, Matrons, Advanced Nurse Practitioners, Research Nurses)
and it’s important that the trust is clear on the numbers and national benchmarking position as well as understanding the contribution these roles play in total service delivery and in the overall recruitment and retention within the nursing career structure.

A focused Clinical nurse specialist review was undertaken within division D. Feedback is that the initial report focuses on the qualitative findings and a further request has been made to analyse the data further in order to provide the more quantitative information required. Requested deadline for this report is the end of March. The report highlights the need for CNS teams to provide annual reports which would demonstrate benefits to patients and the trust along with growth of services and income streams within the year. It makes the recommendation that standard rules need to be developed for activity billing; improvements can be made within some teams re: documentation requirements for advice and contact with patients.

The review is now being conducted throughout the other divisions and being broadened to include other non-ward based roles where appropriate.

2.4.4 Vacancies and temporary staffing - Total reported nursing vacancies (registered and unregistered) across the inpatient areas at the time of the staffing review (December 2016) were running at 409 wte (13.2%). This is a decrease on the levels recorded during the last 6 monthly review in July 2016 (489 wte 15.8%), and a slight reduction on the December 2015 figures (414 wte 13.8%). Information about vacancies and the actions being taken to reduce these is detailed in the monthly staffing reports to TEC and Trust board. It should however be noted that the establishment review and outcomes around planned staffing levels are set against this backdrop of vacancies. A key action for all divisions in 2016/17 is to continue to concentrate efforts to fill these vacancies.

Detailed work continues on the implementation of a range of retention and recruitment initiatives in partnership with HR resourcing team to increase substantive staffing and reduce the baseline vacancies.

2.4.5 Review of quality metrics – The NICE guidance outlines some key quality metrics that should be considered as part of the staffing reviews. The safety metrics defined are patient falls, pressure ulcers and medicine administration errors. These are already monitored through our internal clinical quality dashboard and are considered as part of the professional judgement methodology in the reviews. These metrics will also now be routinely captured as part of the Model Hospital Nursing and Midwifery dashboard.

3. Next Steps / Way Forward

3.1 Continued implementation of the agreed actions to ensure compliance and adoption of the NQB and NICE guidance on safe, sustainable and productive staffing.

3.2 Continued focus on monitoring the real-time staffing position (actual) against the planned (establishment), matched to acuity/dependency levels as part of the established processes utilising the new functionality provided by ‘safecare’ and healthroster.

3.3 Continue to support the implementation of the national nursing and midwifery dashboard as part of model hospital.

4. Recommendations

4.1 To note findings of the 6 monthly ward establishment review and the trust position in relation to adherence to the monitored metrics on nurse staffing levels, specifically:

- UHS nursing establishments are set to achieve an average 1:5 to 1:7 registered nurse to patient ratio in majority of areas during the day.
- Wards are staffed at 60:40 registered/unregistered AWL ratio or above in the majority of general inpatient areas, with an average of 70:30. Exceptions linked to active implementation of trained band 4 staff where appropriate.
- Planned total Care Hours Per Patient Day (CHPPD) average at 7.6 against a national range of 6.3 – 15.48

4.2 To note the ongoing progress in UHS compliance with the refreshed guidance from the National Quality Board on safe, sustainable and productive staffing and the self-assessment against the draft toolkit for acute adult inpatient care.
4.3 To note the ongoing progress in UHS compliance with the NICE guideline on safe staffing for nursing in adult inpatient wards.

4.4 To continue momentum on actions to fill vacancies and reduce the reliance on high cost agency against the backdrop of agency controls from NHS Improvement.

4.5 To discuss the report at TEC and open board as an ongoing requirement of the National Quality Board expectations around safe staffing assurance.

4.6 To agree the recommendation to move to an annual ward staffing review based on the latest recommendations from the NQB.
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST

Trust Executive Committee

Title: Ward Midwifery Staffing Establishment

Date: 12 April 2017

Report to: Trust Executive Committee

Report from: Maria Dore - Head of Midwifery and Professional Lead for Neonatal and Fertility Services

Sponsoring Executive: Gail Byrne – Director of Nursing and organisational development

Sponsoring Divisional Director: Martin De Sousa

Purpose of the paper

For information ☐ To note ☐ Formal approval ✓ For decision ☐

The attached report outlines –

- The national maternity staffing reviews and recommendations.
- The local review and planned remodelling of service.
- The current challenges with midwifery staffing and Mitigation plans.
- The need to access the Department of Health Birthrate Plus and acuity workforce tool to benchmark the workforce based on population and acuity.

History

Six monthly report of maternity staffing presented alongside the nursing establishment review.

Review findings validated at Nursing and Midwifery Staffing Review Group and Strategic Nursing and Midwifery Group.

Main issues / Executive Summary

National published responses to maternity staffing:-

- Safer Childbirth: minimum standards for the organisation and delivery of care in labour (RCOG, RCM 2007).
- Staffing in Maternity Units: getting the right people in the right place at the right time (Kings Fund 2011).
- National Quality Board (2016). Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – safe, sustainable and productive staffing.
- Safe Midwifery staffing for maternity settings (NICE 2015).

The UHS Maternity Services has consistently reviewed the service and
workforce in line with the recommendations and standards outlined in the above national documents.

Considerable attention has been paid to ensuring midwifery roles and responsibilities are fine tuned and where possible skill mix has been introduced within the workforce.

Maternity Services are currently funded to the minimum Safer Childbirth (2007) ratio of 1:28 midwife to birth ratio, although the recommendation is for 1:25 midwife to woman ratio for a more complex tertiary maternity service.

Compliance to the NICE staffing guidance for maternity is not nationally required and the standards within Safer Childbirth (2007) are currently considered by CQC and maternity services as requiring compliance.

The NICE clinical standard (55) dictates that each woman should receive 1:1 care during established labour and childbirth by a trained midwife or trainee midwife under supervision.

Remodelling of UHS Maternity Services is underway with the aim of improving sustained provision of safe choice of birth place for women on a midwifery-led pathway (Birthplace in England Collaborative Group 2011), to have midwives in the right place to support birth wherever it occurs and to rationalise the venues from which midwives deliver care in the community.

The service recruited to a substantial number of newly qualified midwives in October 2016 which has significantly improved the midwifery workforce position in the early part of 2017. Midwifery vacancies at the end of February are at 6.03 wte, less than half of the number they were in February 2016. The service has already gone to advert for 2017 national output of newly qualifiers as there will be no output from Southampton University until Spring 2018. The over recruitment of staff was required to mitigate the number of vacancies that arise and has supported the reduction in agency usage.

The maternity service has seen an increase in women with raised BMI, pre-existing medical conditions, age at birthing and mental health difficulties over the last 8 years. This has led to a significant rise in the acuity within the service which has led to challenges in terms of skill mix within the workforce and some concerns that the midwifery staff ratio to high risk mother and baby is inadequate. The Department of Health workforce tool for birth rate and acuity is best suited to understand the workforce demands based on population, activity and acuity. In order for Trust Board to fully appreciate whether staffing within the maternity service is safe and fit for purpose to meet the current needs of the women and babies accessing the service it is recommended that the service undertakes Birthrate Plus and the patient acuity workforce tool. The total cost for this is £21K.

**Implications**

Recommendations in this report link to the Trust Board responsibilities to be accountable for safe staffing of services and responsibilities as outlined in ‘Better Births’ 2016.

**Action Required**

TEC and Trust board are requested to discuss the attached report at open board as a requirement of the National Quality Board expectations on safe staffing assurance.
1. Purpose

1.1 The purpose of this paper is to report the current status of midwifery staffing. This review forms part of the Trust approach to the systematic review of staffing resources to ensure safe staffing levels to effectively meet women and families care needs across the spectrum of the midwifery and obstetric led pregnancy to birth pathway both in the community and acute setting.

1.2 This paper focuses specifically on the current situation within UHS Maternity Services.

1.3 The report also includes an update on February 2015 NICE clinical guideline ‘safe midwifery staffing for maternity settings’.

1.4 In April 2016 the National Maternity Review ‘Better Births’ (NHS England 2016) was published outlining clear ambitions for the midwifery workforce to develop case loading models of care within services with a national roll out. This report will provide an update of how UHS Maternity Services is responding to this.

2. Specific Detail

Maternity Services staffing review methodology

2.1 The Birthrate Plus review of midwifery staffing was carried out in 2009 and agreement to plan for a future Birthrate Plus review in January 2017 with the alongside maternity ward acuity tool which the Department of Health have commissioned was recommended and agreed by TEC in principle in October 2016. However, at this time the costs were unknown. The cost for undertaking the full Birthrate Plus with the additional purchase of the maternity ward acuity tool is £21K.

2.2 In September 2014, UHS Maternity Services launched a review of the midwifery workforce in light of the unsustainability of the then current staffing arrangements. These had been designed to meet the need for one-to-one care in labour while also providing safe and appropriate midwifery care across the other aspects of the maternity pathway not only within the acute PAH setting but also in the Midwifery-led Birth Centres and in a range of community settings. However, increases in case complexity, acuity of care and numbers of women birthing had by then resulted in one-to-one care in labour being protected at the expense of other parts of the service. Methodologies to calculate the WTE requirements for each aspect of midwifery care were developed locally and when applied, demonstrated a clear shortfall in WTE if practice were to continue with the model then in place. Plans have been developed to improve efficiency of working arrangements in the community which are supported by commissioners and Divisional Board. Such support has been offered and plans are progressing.

2.3 Local methodologies were checked against the methodologies described in the February 2015 NICE Safe midwifery staffing for maternity settings when that guidance was published, and they were found to be in alignment with that guideline’s recommendations. However, nationally maternity services are not reporting using this methodology.

2.4 In the 2016 National Maternity Review ‘Better Births’ (NHS England 2016) was published outlining recommendations for a five year forward vision for maternity services. Within the vision document a model of case loading midwifery is recommended across all services with the aim of providing continuity of care throughout pregnancy, intrapartum and postnatal period delivered within midwifery teams of 4-6. Considerable additional midwifery resource would be required if the service were to adopt a fully case loading team model of midwifery as recommended within ‘Better Births’. Currently, UHS Maternity Services provides 4 teams of midwifery case loading offering a targeted social model of care to
women in known geographic areas of deprivation within Southampton City. Using the recommendations within ‘Better Births’ the service has reviewed the way the case loading teams work in geographical areas and using specific indicators for women who need extra support intend to extend the targeted support to include Hampshire women as well as Southampton City recognising there is no additional midwifery resource to support this. These teams will be referred to as NEST (Needing Extra Support Teams) and will go live on 17 April 2017.

National Guidance

2.5 In February 2015, NICE published the clinical guideline Safe midwifery staffing for maternity settings.

2.6 The NICE guidance acknowledges that ‘maternity settings’ are not confined to acute hospital ward areas but extend outward into a range of settings from midwifery-led birth centres to community centres and also to client’s homes, and in all of these provision of safe midwifery care is a Trust Board responsibility.

2.7 In February 2016, an independent report by Lord Carter of Coles was published by the Department of Health. In the report Operational productivity and performance in English NHS acute hospitals: Unwarranted variations, Carter recommended that there should be routine national collection of a single measurement that captures effective staff deployment: care hours per patient day (CHPPD) “... as the first step in developing a single consistent way of recording and reporting staff deployments.” It is unclear at this point how suitable this tool will be for maternity services and what standards will be applied. See 2.13 above.

2.8 Registered to unregistered ratios for ward areas
There is no clear guidance for maternity staffing on an inpatient ward and this is likely to vary dependent on the level of acuity within each service. The DH commissioned the Birthrate Plus team to develop a tool to work alongside the Safer Nursing Care Tool (acuity/dependency model). This is now available and there is a cost to purchasing the tool.

2.9 Birthrate Plus midwifery workforce tool
Birthrate Plus is the only national tool available for calculating midwifery staffing levels supported by NICE and the Department of Health. By working with individual trusts to understand their activity, case mix, demographics and skill mix Birthrate Plus can calculate an individual ratio of midwife to birth. This was last undertaken by UHS in 2009. A recommendation from this report is that the service should engage Birthrate Plus and also purchase the newly developed Acuity tool. There will be a cost implication but the Divisional Management team wish to support this with the aim of ensuring the staffing ratios for the service are fit for the future.

Trust wide risks and issues considered in the review

2.10 Increasing patient acuity/dependency
Within the 2016 Maternity Services Annual Report Trust Board received data relating to the increasing acuity within the service and the challenges faced by the service in terms of Public Health determinants and the socially complex population with some significant health inequalities.

2.11 Vacancies and temporary staffing
There is a significantly improved position in terms of vacancies within the service and this is due to the strategy to over recruit to newly qualified midwives in October 2016. However, there remains high maternity leave and sickness which is a cause of resorting to NHSP and agency staffing in order to provide safe care. One of the aims of the over recruitment was to fundamentally reduce the use of temporary staffing which we have absolutely seen in the early part of 2017.

2.12 Strategies to improve recruitment and retention
• Plan to over recruit to vacancies and to cover maternity leave to reduce the need to use NHSP and agency staffing
• Out to early advert to capture newly qualified midwives across the UK (50 applications in the pipeline)
• Sponsorship of nursery nurse to access Midwifery training
• Developing a Foundation degree for maternity support workers in partnership with Solent University.
• Internal development programmes for career progression for both clinical leadership and midwifery management
• Conversion of Band 2 to Band 3 posts to improve skill mix specifically within the inpatient ward areas.

2.13 **Review of quality metrics**
The Maternity dashboard is reviewed by Trust Board and appropriate scrutiny and enquiry relating to any red indicators is made.

3. **Next Steps/Way Forward**

3.1 Continued implementation of the remodelling of the service to create efficiencies and improve safety through sustained birth place choices for low risk women.

3.2 Continued focus on monitoring the real-time staffing position (actual) against the planned (establishment) through the established processes.

3.3 Engage ‘Birthrate Plus’ and purchase the maternity acuity tool as a way of benchmarking the midwifery staffing establishment ensuring safe staffing.

4. **Recommendations**

4.1 To note the current Maternity Services staffing and challenges.

4.2 To note the ongoing progress in recruitment.

4.3 To note and support the plan to engage with Birthrate Plus and purchase the maternity acuity tool as a way of benchmarking the midwifery staffing establishment.
## National Quality Board Expectations for safe staffing
### Safe, Sustainable and productive staffing (July 2016)

### Expectation 1: Right staff
Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations.

Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans.

This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate.

There should also be a review following any service change or where quality or workforce concerns are identified.

Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations.

Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.

### Expectation 2: Right skills
Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach.

Decisions about staffing should be based on delivering safe, sustainable and productive services.

Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.

### Expectation 3: Right place and time
Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise.

Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation’s service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.
<table>
<thead>
<tr>
<th>Descriptor No.</th>
<th>Recommendation</th>
<th>Current measures in place</th>
<th>Assessed UHS rating (February 2017)</th>
<th>Identified actions required</th>
<th>Timescale</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Evidence-based workforce planning</td>
<td></td>
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<td></td>
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<tr>
<td>1.1.1</td>
<td>The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach to this NQB resource (see Appendix 4 for list of evidence-based guidance for nursing and midwifery care staffing).</td>
<td>Triangulated approach to staffing establishments well embedded. Shelford SNCT used and embedded in ‘safecare’ as part of eRostering. NICE guidance systematically reviewed 3 x per year.</td>
<td>C</td>
<td>Continue with current approach and strengthen with the use of CHPPD and ‘safecare’</td>
<td>complete</td>
<td>DDoN/CMT</td>
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<tr>
<td>1.1.2</td>
<td>The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and allow benchmarking with peers.</td>
<td>All tools used as recommended.</td>
<td>C</td>
<td>Continue to ensure use of SNCT while rolling out ‘safecare’. Monitor the impact on the inclusion of enhanced care scoring. Participate in the national NIHR research</td>
<td>complete</td>
<td>DDoN/CMT</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Workforce plans contain sufficient provision for planned and unplanned leave, e.g. sickness, parental leave, annual leave, training and supervision requirements.</td>
<td>Compliance monitored as part of the daily staffing review meetings through site control.</td>
<td>C</td>
<td>Continue with current approach and strengthen with the use of CHPPD and ‘safecare’</td>
<td>complete</td>
<td>DDoN/DMT/site team</td>
</tr>
<tr>
<td>1.2 Professional judgement</td>
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<tr>
<td>1.2.1</td>
<td>Clinical and managerial professional judgement and scrutiny are a crucial element of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way.</td>
<td>Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing taken to reflect changes in case-mix, acuity, dependency and activity.</td>
<td>C</td>
<td>Continue with current approach and strengthen with the use of CHPPD and ‘safecare’.</td>
<td>complete</td>
<td>DDoN/CMT</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing taken to reflect changes in case-mix, acuity, dependency and activity.</td>
<td>Professional judgement also used as part of the daily staffing-review meetings through site control.</td>
<td>C</td>
<td>Continue with current approach and strengthen with the use of CHPPD and ‘safecare’.</td>
<td>complete</td>
<td>DDoN/CMT/site team</td>
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<tr>
<td>1.3 Compare staffing with peers</td>
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<tr>
<td>1.3.1</td>
<td>The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.</td>
<td>Previous ad hoc benchmarking included through ANHIU network and targeted at specific services under development. Need to strengthen and formalise</td>
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<tr>
<td>1.3.2</td>
<td>The organisation reviews comparative data on actual staffing alongside data that provides context for differences in staffing requirements, such as case-mix (e.g. length of stay, occupancy rates, workload, patient movement, admissions, discharges and transfers), ward design, and patient acuity and dependency.</td>
<td>All considered as part of the systematic staffing reviews</td>
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<tr>
<td>1.3.3</td>
<td>The organisation has an agreed local quality dashboard that triangulates comparative data on staffing and skill mix with other efficiency and quality metrics e.g. by scale-sites, the model hospital dashboard will include CHPPD.</td>
<td>CHPPD includes all staffing and quality metrics. Used as part of the systematic clinical accreditation scheme reviews</td>
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<td>Section</td>
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<td>Description</td>
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<tr>
<td>2.1</td>
<td>Mandatory training, development and education</td>
<td>Further scope the learners in all areas and across all programmes, and the time required to supervise. Link to Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.</td>
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<tr>
<td>2.1.1</td>
<td>Mandatory training, development and education</td>
<td>Frontline clinical leaders and managers are empowered and have all frontline leaders skilled to continue to maintain the necessary skills to make judgements about staffing and manage staffing agenda. Included in competencies for ward leaders C.</td>
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<tr>
<td>2.1.2</td>
<td>Mandatory training, development and education</td>
<td>20% headroom allowance and provision of supervisory ward leader role covers most aspects of time identified but would fully assured around adequate time for supervision of all learners A. Further scope to learners in all areas and across all programmes required to supervise. Link to the work or placement below. Link to the wider agenda of changed approach to undergraduate funding.</td>
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<tr>
<td>2.1.3</td>
<td>Mandatory training, development and education</td>
<td>Those with line management responsibilities ensure that staff are managed effectively, with clear objectives, constructive appraisals, and support to redeploy and maintain professional registration. 45 expectations clearly included in JD and annual objective for line managers.</td>
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<tr>
<td>2.1.4</td>
<td>Mandatory training, development and education</td>
<td>The organisation analyses training needs and uses this analysis to help identify, build and maximise the skills of staff. This forms part of the organisation’s training and development strategy, which also aligns with Health Education England’s quality framework. Annual training needs analysis process well embedded within the annual cycle for the trust C. Continue with current approach with review in 2017 to further streamline priorities in staffing needs.</td>
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<td>2.1.5</td>
<td>Mandatory training, development and education</td>
<td>The organisation develops its staff’s skills, underpinned by knowledge and understanding of public health and prevention, and supports behavioural change with patients, including self-care, wellbeing and an ethos of patients as partners in care. Comprehensive training programmes in place to equip staff with required skills C. Monitor through ongoing evaluation complete.</td>
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<td>2.1.6</td>
<td>Mandatory training, development and education</td>
<td>The workforce has the right competencies to support new models of care. Staff receive appropriate education and training to enable them to work more effectively in different care settings and in different ways. The organisation makes realistic assessments of education and training to support changes in models of care. Comprehensive training programmes in place to equip staff with required skills C. Monitor through ongoing evaluation complete.</td>
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<tr>
<td>2.1.7</td>
<td>Mandatory training, development and education</td>
<td>The organisation recognises that delivery of high quality care depends upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates significant time for team leaders, professional leads and head nurses/charge nurses/ward managers to discharge their supervisory responsibilities and have sufficient time to coordinate activity in the care environment, manage and support staff, and ensure excellence are maintained. 100% supervisory ward leader time provided in all specialist direct care areas. Clinical leaders programme in place C. Continue to review % of time achieved as supervisory linked to ongoing vacancy position complete.</td>
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<tr>
<td>2.2</td>
<td>Working as a multiprofessional team</td>
<td>The organisation demonstrates a commitment to investing in new roles and into those roles that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical roles and decisions about patient care. Change in role role developed and evaluated within the organisation. Extended scope policies in place to support.</td>
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<tr>
<td>2.2.1</td>
<td>Working as a multiprofessional team</td>
<td>Professional judgement is used to ensure that the team has the skills and knowledge required to provide high-quality care to patients. This stronger multiprofessional approach avoids placing demands solely on one profession and supports improvements in quality and productivity, as shown in the literature. Multiprofessional approach to all aspects of workforce development and training achieved within an integrated training, Development and Workforce department complete.</td>
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<tr>
<td>2.2.2</td>
<td>Working as a multiprofessional team</td>
<td>Health and care system. It supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demands and able to work across care settings, care teams and care boundaries. Strong record of working with other providers both in provider and HEI/FE sector complete.</td>
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<tr>
<td>2.2.3</td>
<td>Working as a multiprofessional team</td>
<td>Other expectations clearly included in JD and annual objective for line managers C. Managed as part of ongoing HR key performance metrics complete. Associate Director of HR/MDT.</td>
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<tr>
<td>2.2.4</td>
<td>Working as a multiprofessional team</td>
<td>Academic/Training and Development (TDW) Divisional Education Leads/DMT continues to ensure that organisational training needs are aligned with Health Education England’s quality framework. The organisation develops its staff’s skills, underpinned by knowledge and understanding of public health and prevention, and supports behavioural change with patients, including self-care, wellbeing and an ethos of patients as partners in care. Comprehensive training programmes in place to equip staff with required skills C. Monitor through ongoing evaluation complete.</td>
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<tr>
<td>2.3 Recruitment and retention</td>
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<tr>
<td><strong>2.3.1</strong> Full action plan in place to address equality and diversity within trust linked to WRES data.</td>
<td>A</td>
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<tr>
<td><strong>2.3.2</strong> The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted risk of staff to avoid over-reliance on temporary staff.</td>
<td>A</td>
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<tr>
<td><strong>2.3.3</strong> Full action plan in place to address equality and diversity within trust linked to WRES data.</td>
<td>A</td>
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</table>

<table>
<thead>
<tr>
<th>3.1 Productive working and eliminating waste</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1.1</strong> The organisation uses ‘lean’ working principles, such as the productive ward, as a way of eliminating waste.</td>
<td></td>
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<tr>
<td><strong>3.1.2</strong> The organisation designs pathways to optimise patient flow and improve outcomes and efficiency e.g. by reducing queuing.</td>
<td></td>
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<tr>
<td><strong>3.1.3</strong> Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs and making best use of available resources.</td>
<td></td>
</tr>
<tr>
<td><strong>3.1.4</strong> The organisation focuses on increasing productivity, providing the most appropriate care to patients, safety, effectively and with compassion, using the most appropriate staff.</td>
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</tr>
<tr>
<td><strong>3.1.5</strong> The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing time wasted is a key priority.</td>
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</tr>
<tr>
<td><strong>3.1.6</strong> Systems for managing staff use responsive risk management processes, from front-line services through to board level, which clearly demonstrate how staffing risks are identified and managed.</td>
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</tbody>
</table>

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Boards should ensure staff are deployed in a way that ensures patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation’s service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.
### 3.2 Efficient deployment and flexibility

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
<th>Action</th>
<th>Status</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1 Organisational processes ensure that local clinical leaders have a clear role in determining feasible approaches to staffing with a focus on professional oversight, that staffing decisions are supported and endorsed by the wider organisation, and that they are implemented with fairness and equity for staff.</td>
<td>Continue with current approach</td>
<td>complete</td>
<td>DoN/DMT</td>
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</tr>
<tr>
<td>3.2.2 Clinical capacity and skill mix are aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus enabling the best use of staffing resource and facilitating effective patient flow.</td>
<td>Continue with current approach</td>
<td>complete</td>
<td>DoN/DMT</td>
<td></td>
</tr>
<tr>
<td>3.2.3 Throughout the day, clinical and managerial leaders compare the actual staffing levels available and plan required staffing levels, and take appropriate action to ensure staff are available to meet patients' needs.</td>
<td>Continue to strengthen the daily staffing meetings and utilise safe care information</td>
<td>complete</td>
<td>DoN/ADHR/DMT</td>
<td></td>
</tr>
<tr>
<td>3.2.4 Escalation policies and contingency plans are in place for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care, and staff are aware of the steps to take where capacity problems cannot be resolved.</td>
<td>Continue to strengthen the information on site around staffing capacity and capability</td>
<td>complete</td>
<td>DoN/ADHR/DMT</td>
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<tr>
<td>3.2.5 Meaningful application of effective e-rostering is evident, and the organisation uses available best practice from NHS Employers and the Care Leavers Rostering Good Practice Guidance (2016).</td>
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<tr>
<td>3.3 Efficient employment, minimising agency use</td>
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<tr>
<td>3.3.1 The annual strategic staffing assessment gives boards a clear medium-term view of the likely temporary staffing requirements. It also ensures discussions take place with service leaders and temporary workforce suppliers to give best value for money in deploying this option. The inclusion of an assessment to maximise flexibility of the existing workforce and use of bank staff (rather than agency), as reflected by NHS Improvement guidance.</td>
<td>Currently undertake 6 monthly staffing reviews that take account of all of the recommendations. Staffing reviews closely aligned to the Retention &amp; Recruitment and temporary staffing strategies and clear actions in place to maximise bank use (HSTP) and reduce agency.</td>
<td>Complete</td>
<td>DoN/ADHR/DMT</td>
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</tr>
<tr>
<td>3.3.2 The organisation’s workforce plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan built around the needs of the local population.</td>
<td>Plan in place to reduce temporary staffing usage in line with NHS Improvement’s nursing agency rules, supplementary guidance and timetables.</td>
<td>Complete</td>
<td>DoN/ADHR/DMT</td>
<td></td>
</tr>
<tr>
<td>3.3.3 The organisation’s workforce plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan built around the needs of the local population.</td>
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<tr>
<td>3.3.4 The organisation works closely with commissioners and with Health Education England, and submits the workforce plans they develop as part of the STP, using the defined process, to inform supply and demand modeling.</td>
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<tr>
<td>3.3.5 The organisation supports Health Education England by ensuring that high quality clinical placements are available within the organisation and across patient pathways, and actively seeks and acts on feedback from trainees/students, involving them wherever possible in developing safe, sustainable and productive services.</td>
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37 recommendations: 32 compliant 5 require further action
<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Self Assessment February 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In determining nurse staffing requirements for adult inpatient settings:</strong></td>
<td></td>
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<tr>
<td>A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.</td>
<td>Compliant</td>
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<tr>
<td>A strategic staffing review must be undertaken annually or sooner if changes to services are planned.</td>
<td>Compliant</td>
</tr>
<tr>
<td>Currently undertake ward based staffing reviews 6 monthly. Recommend to move to annual corporate review linked to budget setting timetable with 6 monthly light touch revisit within the Division.</td>
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<tr>
<td>Staffing decisions should be taken in the context of the wider registered multi-professional team.</td>
<td>Action required.</td>
</tr>
<tr>
<td>Need to do further work internally to focus on the contribution of the multi-professional workforce in ward areas. To pilot multidisciplinary rostering on F8 and RHDU.</td>
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<tr>
<td>Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.</td>
<td>Compliant</td>
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<tr>
<td>Action plans to address local recruitment and retention priorities should be in place and subject to regular review.</td>
<td>Compliant</td>
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<tr>
<td>Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit temporary staff.</td>
<td>Compliant</td>
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<tr>
<td>Further work being undertaken to link to the emergent generational work.</td>
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<tr>
<td>A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.</td>
<td>Compliant</td>
</tr>
<tr>
<td>To review the current CQD and the staffing metrics and link explicitly to the model hospital dashboard as this develops.</td>
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<tr>
<td>Organisations should ensure they have an appropriate escalation process in case staffing is not delivering the outcomes identified.</td>
<td>Compliant</td>
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<tr>
<td>Systematic staffing reviews include all metrics for review and escalation processes through to budget setting process.</td>
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<tr>
<td>All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.</td>
<td>Compliant</td>
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<tr>
<td>Ward uplift levels retrospectively reviewed via Healthroster. Need to be explicitly included in all ward staffing reviews.</td>
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<tr>
<td>All organisations should investigate staffing related incidents, their outcomes on staff and patients and ensure action and feedback.</td>
<td>Compliant</td>
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<tr>
<td>Robust process in place to review all staffing incidents and report thematically.</td>
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<tr>
<td>No.</td>
<td>Recommendation</td>
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<tr>
<td>1.1.1</td>
<td>Ensure patients receive nursing care they need regardless of ward, time, day.</td>
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<tr>
<td>1.1.2</td>
<td>Develop procedures to ensure ward staff establishments are sufficient to provide safe nursing care for each patient</td>
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<td>1.1.3</td>
<td>Ensure final ward establishments developed with registered nurses responsible and approved through chief nurse and trust board</td>
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<td>1.1.4</td>
<td>Ensure senior nursing managers are accountable for nursing rosters produced</td>
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<td>1.1.5</td>
<td>Ensure inclusion of adequate 'uplift' to support staffing establishment</td>
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<td>1.1.6</td>
<td>Include seasonal variation/fluctuating patient need when setting establishments</td>
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<tr>
<td>1.1.7</td>
<td>Establishments should be set appropriate to patient need taking account of registered/unregistered mix and knowledge and skills required</td>
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<td>1.1.8</td>
<td>Ensure procedures in place to identify differences between on the day requirements and staff available</td>
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<tr>
<td>1.1.9</td>
<td>Ensure procedures in place to identify differences between on the day requirements and staff available</td>
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</table>
1.1.10 Ensure procedures in place for effective response to unplanned variations in patient need - including ability to increase/decrease staffing

**Organizational strategy - Recommendations for hospital boards, etc.**

Clear escalation processes and review of staffing actions through bleep holding arrangements in Divisions

A

Continued monitoring of effectiveness of escalation and staffing status

Ongoing

DDoN/DHN

A

Make policy now in place and enhanced care team established. Need to explore the need to expand the service to cover Division A (previously not identified as need).

1.1.11 Actions to respond to nursing staff deficits on a ward should not compromise staff nursing on other wards

Clear escalation processes include the need to review other wards/departments. All ward normal staffing included on trust wide spreadsheet daily

A

Continued monitoring of effectiveness of escalation and staffing status

Ongoing

DDoN/DHN

A

Monitored as part of the daily reviews of staffing - but unable to assure with current vacancy and staffing position.

1.1.12 Ensure there is a separate contingency and response for patients requiring continuous presence specialist/ specialist.

Specialist processes in place and agreed escalation process within divisions.

C

Review the process for requesting specialist support

Jun-17

DDoN/DHN

A

Make policy now in place and enhanced care team established. Need to explore the need to expand the service to cover Division A (previously not identified as need).

1.1.13 Consider implementing approaches to support flexibility such as adapting nursing shifts, skill mix, location and employment contracts

Variety of staff patients worked within the trust and flexibility within rostering policy allows for variation

C

Continue to review as part of professional judgement element of staffing reviews

Ongoing

DDoN/DHN

C

Continue to review as part of professional judgement element of staffing reviews

1.1.14 Ensure procedures in place for systematic ongoing monitoring of safe nursing indicators and formal review of nursing establishments twice a year

Nursing indicators monitored through incident reporting, ongoing monitoring and through CQD. Twice yearly formal staffing reviews embedded and managed through DON team

C

Continue to strengthen the process

Ongoing

DDoN/DHN

C

Continue to strengthen and evidence the process

1.1.15 Make appropriate changes to ward establishments as a response to reviews

Establishments amended as result of staffing reviews. Staffing review linked to budget setting process. Evidenced increases noted through trust board reporting

C

Continue to strengthen and evidence the process

Ongoing

DDoN/DHN

C

Continue to strengthen the process

1.1.16 Enable nursing staff to have appropriate training for the care they are required to provide

Strong track record of training within Trust. Individual care group education teams support ongoing development needs

C

Continue to strengthen and evidence the process

Ongoing

DDoN/DHN Education leads

C

Continue to strengthen and evidence the process

1.1.17 Ensure there are sufficient registered nurses who are experienced and trained to determine day-to-day staffing needs in 24 hour period

Bleep-holder role includes requirement to assess and review staffing and risk assess

A

Review to ensure all bleep-holders are competent and capable in staffing assessment and risk management

Ongoing

DHN/Matron

C

Additional education put into bleep holding as part of winter pressure over time arrangements. Now in place with bleep holding and band 7 weekend review

1.1.18 Organisation should encourage staff to take part in programmes to assure quality of nursing care and care standards

Nursing staff involved in range of quality improvement programmes e.g. essence of care, nursing practice, burnamund, clinical accreditation scheme

C

Continue to involve staff at all levels in nursing quality standard development

Ongoing

DHN/Head of Quality and Clinical Assurance

C

Continue to involve staff at all levels in nursing quality standard development

1.1.19 Ensure nursing staff in developing nursing policies which govern nursing staff requirements such as escalation policies

Nursing staff involved in developing policy through groups and consultation

C

Continue to involve staff at all levels in nursing policy development

Ongoing

DHN/Head of Quality and Clinical Assurance

C

Continue to involve staff at all levels in nursing policy development

1.1.11.10 Ensure procedures in place for effective response to unplanned variations in patient need - including ability to increase/decrease staffing

**Principles for determining nursing staffing requirements**

- Recommendations for registered nurses in charge of individual wards or shifts who should be responsible for assessing the various factors used to determine nursing staff requirements

1.2.1 Use systematic approach to determining nursing staff requirements when setting nursing establishments and on day to day

Professional judgement and SNCT embedded for use within the Trust. Clear established levels identified on eRoster

C

Continue to support staff at local ward level to understand establishments and staffing models

Ongoing

DHN/Matrons/Ward Leaders

C

Continue to support staff at local ward level to understand establishments and staffing models

1.2.2 Use a decision support tool kit endorsed by NICE to determine nursing staff requirements

SNCT not yet available through NICE but UHS already uses nationally validated Safer Nursing Care Tool (SNCT) as part of methodology for reviewing staffing levels

C

Review NICE endorsed tools as they emerge. Continue to use endorsed SNCT and incorporate into plan for v10 eRostering safe care module rollout

Ongoing

DDoN

C

Review NICE endorsed tools as they emerge. Continue to use endorsed SNCT and incorporate into plan for v10 eRostering safe care module rollout
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**Principles for determining nursing staffing**

| 1.2.3 | Use informed professional judgement to make a final assessment of nursing staff requirements |
| 1.2.4 | Consider using nursing care activities included in guidance as a prompt to help inform professional judgement (see separate tab) |

**Setting the ward nursing staff establishment**

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<tr>
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**Assessing if nursing red flags are available or exceeded and that safe staffing is allocated for specific nurse needs**

<p>|   1.5.1   | Monitor whether the ward nursing staff establishment adequately meets patients’ nursing needs using safe nursing indicators. Consider continuous data collection of these nursing indicators | S | Majority of safe nursing indicators already included as part of the clinical quality dashboard | Expand the clinical quality dashboard to include the identified safe nursing indicators | Ongoing | Head of Clinical Practice and Standards | C | Clinical Quality Dashboard reviewed and relaunched September 2015. Review of indicators included as part of clinical accreditation scheme completed |
|   1.5.2   | Compare results of safe nursing indicators with previous results over 6 month period | S | Review as part of monitoring of clinical quality dashboard | Include review of safe nursing indicators as part of staffing reviews from 2015 onwards | Ongoing | Matrons | C | Review of indicators included as part of clinical accreditation scheme and annual matron reviews completed |
|   1.5.3   | Monitor all of the nursing red flags and safe nursing indicators linked to wards exceeding 1 RN to 8 patients during the day | S | 1:8 indicator included in daily staffing spreadsheet as a trigger to review staffing | Matrons to review all safe nursing indicators routinely for all ward areas | Jun 17 Matrons | A | Matrons to review all safe nursing indicators routinely for all ward areas. Further actions agreed to embed retrospective review of red flags in staffing discussions. |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>T&amp;O PAH Brooke Ward</th>
<th>T&amp;O Ward F2 Trauma</th>
<th>T&amp;O Ward F4</th>
<th>NEU Acute Stroke Unit</th>
<th>NEU Ward F4 Neuro Spinal</th>
<th>NEU Regional Transfer Unit</th>
<th>NEU Ward E Neuro</th>
<th>CAR Coronary Care Unit 16</th>
<th>CAR Ward D4 Vascular</th>
<th>CAR Ward E3 Cardiac</th>
<th>CAR Ward E2 YACU</th>
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<tr>
<td>Early</td>
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<td>3.2 2.9 2.2</td>
<td>3.4 2.3 1.9</td>
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<td>4</td>
<td>3.2 2.9 2.2</td>
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<td>Night</td>
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<td>3.2 2.9 2.2</td>
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Division: Cardiovascular & Thoracic

**CAR Coronary Care Unit 16**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**CAR Ward D4 Vascular**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**CAR Ward E3 Cardiac**
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**CAR Ward E2 YACU**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

Division: Neurosciences

**NEU Acute Stroke Unit**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**NEU Ward F4 Neuro Spinal**
- Early: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**NEU Regional Transfer Unit**
- Early: 3.2 2.9 2.2

Division: Trauma & Orthopaedics

**T&O PAH Brooke Ward**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**T&O Ward F2 Trauma**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2

**T&O Ward F4**
- Early: 3.2 2.9 2.2
- Late: 3.2 2.9 2.2
- Night: 3.2 2.9 2.2