Quality Committee

Wednesday 18th October 2017

Annual Nursing and Midwifery Safe Staffing Review

Name of Committee:	Quality Committee
Date of Meeting:	Wednesday 18th October 2017
Paper Prepared By:	Marie Thompson Director of Nursing and Quality Simone Anderton Deputy Director of Nursing and Quality
In case of query, please contact:	Simone Anderton, Deputy Director of Nursing and Quality ext 55597

Summary of Key issues:

The Divisional nurse establishment review papers produced by the Associate Directors of Nursing assist the Trust to support appropriate nurse staffing levels in line with the planned service models and current patient acuity which supports the Trust achieve essential standards of quality and safety in the delivery of nursing care. Staffing reviews previously took place on a 6 monthly basis however, the national requirement for this has now changed and a full formal staffing review will now take place on an annual basis. This report has been prepared to provide an overview update on all divisions staffing review findings and specifically focuses on substantive staff and not staff employed to support temporary staffing solutions. Divisional papers are separately provided for reference in the Committees reference papers folder.

Summary of Actions Taken:

In 2013/2014 the Trust invested £1.5 million to uplift the Nursing establishment within the Medical Wards and the Orthopaedic Rehabilitation Ward. The 2014/15 agreed nurse staffing investment for the acute site was approved by the Board of Directors on 30 April 2014. The agreed investment of £1 million related to an uplift to the nurse staffing establishment on the Surgical Assessment Unit (SAU), A&E, Haematology / Oncology Ward, Stroke Unit, Ward 18, Ward 25, Ward 26 and Ward C. There has been a continuous recruitment programme in place to recruit into posts across the Trust since this time, which has included international recruitment initiatives.

The November 2014 nurse staffing review paper identified the next phase of investment for 15/16 to ensure staffing levels in priority areas achieve compliance with national guidance and to support best practice to further embed bay based nursing concept. In June 2015 the areas that £1.3 million was invested in included wards 5, 34, 35, A&E, AMU, Ward C(£140,000) and Clifton Hospital Wards 1, 3 and 4(£556,000). Some of this investment was put on hold whilst models of nursing at Clifton Hospital was reviewed and changes in bed configurations were agreed around Ward C. Community teams were also reviewed against all available evidence including detailed capacity and demand review aligned to the Divisional nursing resources work. In April 2015 the 3 CCG's agreed an investment into the community teams of an additional 25.8 WTE band 5 nurses and 2.23 WTE band 2 nurses.

The November 2015 staffing review acknowledged a number of service developments where separate business cases reflected required changes in nurse staffing levels to support enhancements in services, eg, Stroke Unit. It also noted further audit and review of staffing levels, capacity and acuity levels in CITU and CCU and an unchanged position of further HCA support at Clifton Hospital and further consideration from Lancashire North CCG on a shortfall of 2.54 WTE district nurses.

The July 2016 staffing paper reflected further audit work and review of CITU and CCU position and noted that within financial planning for 2017/2018 Scheduled Care would be requesting support for a total of 5.4 HCAs and 1.5 RNs for those areas.

The Committee is asked to:

Note the progress to date on reviewing and realising safe staffing levels and support the ongoing annual nurse establishment staffing reviews in line with the National Quality Board requirements. The Committee are asked to agree the paper to be presented to finance and note that within financial planning for 2018/2019 there will be a request for support via separate business cases from Scheduled Care, Families and Unscheduled Care Divisions.
The committee is also asked to note that the Carter dashboard is now reflecting care contact hour per patient day and a reflection of effective use of resources in comparison to national peer groups. This has been reflected within the divisional papers but that a further understanding of the data content and data sources is required to enable the Trust to fully interrogate the data and apply robust benchmarking to inform future workforce planning process to enhance productivity and reduce any variation within skill mix in line with peer performance.

Nursing & Midwifery Staffing Establishment Review
October 2017

1. Introduction

This paper provides the Board with an update on the current level of Nurse, Midwifery and Care Staffing establishment in Unscheduled Care, Scheduled Care, Adult and Long Term Conditions and Maternity/Paediatric Services. This paper therefore focuses on 'substantive' staff and is not reporting on the use of temporary staffing – staffing fill rates including bench / agency use is subject to other Trust reporting processes on a monthly basis which is shared and published in line with NHSI requirements. It is recognised that the Trust must continue to pursue active nurse recruitment into established vacancies and focus hard on the retention of staff in order to support safe staffing and reduce the level of need for temporary supply. This has actively been pursued in the last year with a successful international recruitment programme to the Philippines, the benefits of which are just starting to be realised.

Following the Francis Public Inquiry Report and the Government's response to the Inquiry Recommendations – 'Hard Truth's' it is expected that Boards now receive assurance on the Nurse Staffing Position annually. In November 2013 the National Quality Board published its first new staffing guidance, which was updated July 2016, and along with the publication of NICE guidance 2014, these support providers and commissioners to make the right decisions about Nursing, Maternity and Care staffing capacity and capability. The expectations set out in the guidance aims to create a supportive environment where staff are able to provide compassionate care, of high quality and with the best possible outcomes for patients.

A number of expectations are set out in the National Quality Board Guidance and the areas that have relevance to this paper are:

- Board accountability and responsibility – The Board takes full and collective responsibility for Nursing, Midwifery and Care Staffing Capability and Capacity.

- Evidence Based Decision making – Staffing reviews are based on decision support tool utilization and acuity tool data assessment in conjunction with professional judgement and scrutiny, to inform staffing requirements, including numbers and skill mix. Staff use professional judgement and scrutiny to triangulate the results of tools, such as acuity tools, with their local knowledge of what is required to achieve better outcomes for their patients.

In response to the financial position across the NHS Monitor wrote to NHS FT's –'Safe Staffing and Efficiency back in October 15 outlining that Trusts need to strike the right balance in neither understaffing nor overspending and making sure the right skills/ competency are in place to support local clinical care requirements.

2. Summary

Each Division has built on the work undertaken within each year since 12/13 to refresh and review their Nursing, Midwifery and Care Staff Staffing establishments. Where national guidance is available this has been considered – Safe Staffing Alliance, RCN, Critical Care, Maternity Birth Rate plus in addition to nurse to bed ratio, nurse to patient ratio, skill mix, review of acuity/dependency data, professional judgement and review of monthly safe staffing exception reports as well as the review of quality, safety and patient experience data per area.

- **Multiprofessional approach** is taken when setting establishments and papers reflect the agreed position. The Associate Nurse Directors / Head of Midwifery have led the reviews and have involved Ward Sisters / Charge Nurses / Team Leaders / Matrons / Divisional Finance Managers / Divisional Directors and Deputy Directors of Operations in the review outputs and agreement on the position.

- **Openness and Transparency** – Each month safe staffing exception reports are presented to the board, nationally published and locally available on the Trust internet site. Annually Nursing, Midwifery and Care Staffing establishment is discussed at a public Board meeting.

- **Well led CQC standard –** the CQC assesses Trust against 5 key standards. The safe standard encompasses the requirement to ensure staffing levels and skill mix are planned and reviewed so that people receive safe care and treatment at all times and that staff do not work excessive hours.

This paper and the supporting Divisional nurse staffing reference papers set out the current establishment position and will be presented to the Board to provide an ongoing reflection of work across the last 4 years to ensure established funded staffing levels are comparable with national guidance and standards.

In 2013/2014 the Trust invested £1.5 million to uplift the Nursing establishment within the Medical Wards and the Orthopaedic Rehabilitation Ward. A further 1 million investment, following the February 2014 staffing review, was invested into A&E, medical wards and the surgical assessment unit. In June 15 further investment of £1.3 million was supported in AMU, A&E, Ward 34/35 and Ward 5. Clifton Wards utilised £125K of £556k of allocated funding whilst remodelling of care provision took place. Ward C investment of an allocated £140k was suspended due to the change in position of the ward and reconfiguration of beds across the acute site. Investment into community nursing services was supported by all CCG's and provided 7.5 WTE Band 5 and 1.15 WTE Band 2 nurses for Blackpool, 10.84 WTE Band 5 and 1.18 Band 2 nurses for Fylde & Wyre and 7.46 WTE Band 5 nurses for Lancashire North.

The current round of Nurse Staffing reviews is in line with ongoing publication of national requirements, continued development of external benchmarks as well as, despite a challenging financial situation, assists the Trust to support appropriate nurse staffing levels in line with the planned service models and patient acuity. It also takes into consideration metrics within the Carter dashboard in relation to nurse staffing levels, patient harms and care hours per patient day.

The detailed Nurse Staffing Review papers are available as reference documents and illustrate the methodologies used to calculate the Nurse Staffing position.

3. Current Divisional Position

Staffing levels across the divisions have been reviewed against national guidance including NICE safe staffing, departmental national standards and the professional judgment against each ward or department of those with expert knowledge of that area. All reviews undertaken also take into account patient, ward and staffing factors such as increased decision making or increased patient demand due to acuity, ward footprint and accessibility and the challenges of the management of the patients such as complex care planning and tasks. The staffing reviews have also reflected ward reconfigurations in line with the Trust strategic review and agreed service changes and considers efficiency and variation factors presented within the Carter dashboard which are informing Divisional longer term workforce strategy planning work and development of new roles and changes in skill mixes. This in turn supports the drive to create a sustainable staffing model for the future that is able to provide care to our patients and also support improved retention rates against a backdrop of a national shortage of registered nurses. This sustainability work should drive cost efficiency whilst sustaining patient and staff satisfaction and retention and is needed to challenge current ideals and be creative in solutions to an ongoing shortage of registered nurses.

Unscheduled Care Division

Previous years staffing reviews have resulted in several increases to establishment across the division, and has also reflected the position of recruitment into posts, retention of staff and the impact on quality and delivery of care that previous investment has had. Previous years investment has been against a divisional experience of an increase in attrition, a need to pull on temporary staffing solutions, recruitment overseas both (European and international), newly qualified nurses being a large percentage of the registered nurse workforce and the ongoing opening of escalation beds. All of which have created an ongoing backdrop of a large gap in substantive and / or experienced registered nurses across all wards. It is also important to note at this point that the wards work to a "recruit to" position and carry the uplift awarded to cover training etc. as a budget to support the use of bench and agency cover to ensure efficiency.

To assess the current position described above a review across the division of each area funded establishment, vacancy factor, skill mix, acuity and dependency data, percentage fill rate, clinical incident rates, care hours per patient day, temporary staffing usage, attrition rates and experience of patients and staff has been made. The details of these can be found in the supporting Unscheduled Care Staffing Performance paper.

Areas that continue to require full establishment reviews in this year are;

- the emergency department as it is currently undertaking a redesign/ re profile of pathways which may change establishment/ skill mix requirements A&E did request an increase in skill mix following review recommendations but as it was noted the difficulties to recruit to these posts, even if funded, a different approach was explored resulting in an increase in band 3 post and development of emergency department assistants. Resources have recently been secured substantively to increase Band 3 posts from 14.11 to 26.85 emergency department assistants. The current reprofile of the department is suggesting the need for band 6 establishment increase to provide senior cover on all shifts in all areas of department but this will be offset with less band 5 in post and an overall reduction in RN.

- the Stroke unit, has undergone several reviews that recommend increase in qualified nurse to patient ratio for hyper acute patients and reduced nurse to patient ratio for rehabilitation. Stroke developments following peer review have been targeted at AHP investment with successful recruitment to these posts to enhance the overall MDT team. Support to change the skill mix to support hyper acute patients will be presented in a business case.

Also in year some wards have changed location to support improved ways of working as part of the strategy, to streamline service provision, reduce delays, cohort nursing and medical teams, reduce length of stay and overall improve patient and staff experience and safety. Wards 23 and 24 (50 beds) moved to 5,7 and 10 (50 beds) to create a respiratory footprint that is more amenable to future ways of working. Ward 19 that was previously a medical cardiology ward became the surgical assessment unit and transferred out of division. Ward 2 became a short stay ward and ward 23 became care of the older person with an increase bed base to 25. The unscheduled care division current profile consists of the emergency department, observation ward, and acute medical unit, intensive care unit, high dependency unit, stroke unit and 15 wards. Of the 15 ward, 2 wards are open in the capacity of 'escalation' and therefore not budgeted – wards 3 and 6. Ward C; previously a female surgical ward, was moved into division mid-year to increase the bed base due to increased admission pressures.

Last years review noted wards 26, 25, 24 and 23 will be care of the elderly/general medical, and within this footprint would be a frailty unit, however, further developments are currently being trialled with AMU providing frailty assessments and the care of elderly wards being part of this as a pathway. This is still in test mode and as the model is developed staffing will need to be aligned accordingly with consideration of extended roles such as ANP / non medical consultant roles to support its implementation.

Wards 10, 5 and 7 have become respiratory, and moving forward within this footprint it is recommended that a high care area for the non-invasive ventilation patients is provided in line with NCEPOD and NICE guidance. Two models for ward 10 to provide this have been explored with one inclusive for NIV high care area. This model is currently being tested as suggested on the back of a presented business case and requires further evaluation which will be re-evaluated end of October.

Current Ward Establishment Profile October 2017 are shown in Table 1.

The nursing indicators across division have maintained a stable but reduced position of Amber from April 2016 to April 2017 although a number of individual indicators that are scoring green. The overall position is driven in part by the high vacancy factor, use of agency staff and increase to new starters across all wards, and the subsequent need to undergo periods of induction; unfamiliar with hospital documentation and standards. To ensure this position is increased to green, the senior nursing team are supporting all wards and the ward managers have facilitated a documentation awareness drive. Focused work to support retention continues with support from corporate implementation of an enhanced preceptorship passport for all newly qualified nurses and the PD team providing pastoral support and enhanced clinical skills for all new starters, particularly our overseas nurses.

Overall there has been a decrease in the number of complaints by 6 within the first half of the year in comparison to the same period last year. The emergency department continue to receive the highest number of complaints with nearly 1 in 3 complaints being registered in this area, the highest reporting categories being waiting times, treatment ./ care concern or missed fracture. However, the emergency department has seen a reduction of 6 complaints YTD when compared to last year and highlights how hard the team have worked to maintain standards during ongoing peak capacity. It is felt that this is also a result of the introduction of the emergency department assistant role; this is a band 3 supportive role that undertakes tasks such as cannulation, transferring of patients etc. and can be deployed to support the department when it is experiencing a capacity surge.

The Friends & Family results remain positive across the division with good recommendation scores and positive comments from patients although some areas need to achieve a consistent response rate. The emergency department continue to receive positive feedback despite the challenges faced in relation to increased demand and pressure.

TABLE 1.	**Current Ward Profiles**										
2016/2017											
Area	**Beds**	**Budgeted Establishment WTE**				Current % uplift	Nurse to Bed Ratio		Morning	Afternoon	Evening	Night
		RN	**Unreg**	**HK**	**WC**							
2	18	16.32 58%	11.52 42%	1.27	1.52	23.89% RN 26.58% UQ	1.15:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	3 Y 3	3 Y 2	3 Y 2	2 N 2
3 Esc	10	10.41 66%	5.32 34%	0	0	23.89% RN 26.58% UQ	1.07:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	2 N 1	2 N 1	2 N 1	1 N 1
5	19	18.79 56%	14.89 44%	1.27	1.52	23.89% RN 26.58% UQ	1.42:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 3	4 Y 3	3 Y 3	3 Y 1
6 Esc	15+2	13.59 52%	12.4 48%	1.27	1.52	23.89% RN 26.58% UQ	0.98:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	3 Y 3	3 Y 3	2 N 2	2 N 2
7	16	12.14 50%	12.4 50%	1.27	1.52	23.89% RN 26.58% UQ	1.68:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 3	4 Y 3	3 Y 3	3 Y 1
8	8	10.41 62%	6.79 38%	1.27	1.52	23.89% RN 26.58% UQ	1.72:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	2 Y 2	2 Y 2	2 Y 1	2 Y 1
10	23	18.79 56%	14.89 44%	1.27	1.52	23.89% RN 26.58% UQ	1.06:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 4	4 Y 4	3 Y 2	2 N 2
11	24+7	22.55 55%	18.61 45%	1.52	1.52	23.89% RN 26.58% UQ	1.02:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 5	4 Y 5	3 Y 2	3 Y 1
12	28	22.55 52%	20.5 48%	1.27	1.52	23.89% RN 26.58% UQ	1.23:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	5 Y 6	5 Y 6	4 Y 4	4 Y 2
18 CAT		15.77 50%	15.78 50%	1.63	2.72	23.89% RN 26.58% UQ	2.46:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 5	4 Y 5	4 Y 5	2 Y 1
23	25	17.34 48%	18.61 52%	1.27	1.52	23.89% RN 26.58% UQ	1.15:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 6	4 Y 3	3 N 3	3 N 2
24	25	17.34 48%	18.61 52%	1.27	1.52	23.89% RN 26.58% UQ	1.15:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 6	4 Y 6	3 N 3	3 N 2
25	25	17.34 48%	18.61 52%	1.27	1.52	23.89% RN 26.58% UQ	1.15:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 6	4 Y 6	3 N 3	3 N 2
26	25	17.34 48%	18.61 52%	1.27	1.52	23.89% RN 26.58% UQ	1.15:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	4 Y 6	4 Y 6	3 N 3	3 N 2
AMU	36	36.42 55%	28.94 45%	1.77	4.22	23.89% RN 26.58% UQ	0.82:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	7 Y 5	7 Y 5	7 Y 5	7 Y 5
ITU/ HDU	13	61.52 85%	10.87 15%	1.77	2.53	23.89% RN 26.58% UQ	4.67:1	Registered Nurse 1:8 RN Principle achieved Un-Registered Nurses	11 Y 2	11 Y 2	11 Y 2	11 Y 2

Haem Ward	20	29.54 77%	8.92 23%	1.77	1.27	23.89% RN 26.58% UQ	1.54:1	Registered Nurse	8	8	5	5
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	2	2	2	2
Stroke	39+2	35.87 53%	31.48 47%	8.09	3.35	23.89% RN 26.58% UQ	0.73:1	Registered Nurse	7	7	7	6
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	7	7	6	5
Emerg Dept		76.22 84%	14.22 16%	2.1	0.93	23.89% RN 26.58% UQ		Registered Nurse	13	16	15	11
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	3	3	3	3

The high levels of vacancy within division are caused by both true vacancy and gaps created by the movement of staff into 'escalation' wards which have both required agency and bench staff to cover gaps. The division have worked hard at recruitment and recruited 45 WTE Band 5 staff nurses, 40.62 WTE Health Care Assistants, 2.0 WTE pre degree Health Care Assistants and 1 Health Care Apprentice in the last 6 months. A further 21.52 Registered Nurses, 14.12 WTE Health Care Assistants, 1 Pre-Degree Health Care Assistants and 4 Apprentice Health Care Assistants are currently in the 'checking' phase and will soon be added to the total number. There are a further 43.38 WTE RN Band 5 newly qualified nurses predicted to also join the workforce but, will not fully be in the numbers until November, whilst completing preceptorship and awaiting registration. The division is also still awaiting 32.40 WTE Adaptation Nurses from the Philippines recruitment drive.

Whilst awaiting to realise the benefits from the above recruitment fill rates for registered nurses, including bench and agency use, has remained challenging with the majority of areas flagging red each month due to the challenges in recruitment, the use of escalation and other staffing pressures. All wards are risk assessed daily against actual patient need and acuity, and staffing allocated appropriately by a divisional matron to ensure all areas remain safe. Despite a 75% increase in 'red flag' submissions from April 17 to August 17 in relation to staffing issues the actual number of patient incidents reported has seen a reduction indicating that the divisional monitoring and daily escalation plans to maintain staffing is being effective in the short term.

The establishment fill rate impacts on the care hours per patient day. Care hours were recommended for use by Lord Carter in his final report to reduce the variance found in conventional measures such as staff to patient ratio and are calculated by totalling the hours of both qualified and unqualified nurses in 24 hours by inpatient admissions. It is important to note this measure does not include any staffing adjustment for acuity or footprint of individual areas, or distinguish between qualified and unqualified work. However, when comparing against national averages wards in unscheduled care are working well below national average throughout this period for care hours per patient day.

Although the division recognises the organisational response to support safe staffing whilst it experiences such a high vacancy factor; it also recognises that future workforce planning must include recognition of the challenges to recruit to traditional roles and support different ways of working and new and inspirational roles. It has therefore commenced a full workforce strategy planning review and has already started to realign its establishment skill mix in line with changes in models of care, patients groups and review of roles and responsibilities with Ward 24 being the first this year to be realigned to a new model of nurse led discharge care with a realigned nursing skill mix model being implemented. This ongoing process will support the introduction of nursing associates, band 3 roles, apprenticeships, assistant practitioners and advanced practitioners all of which will be aligned to a 5 year workforce plan. This may also support the alignment of resource efficiency in line with peers within the Carter nursing resource and productivity dashboard. The potential future position is presented in the divisional supporting paper and will be further worked upon with individual teams presenting formal business cases over the coming year and proposed adjusted establishments will be subject to scrutiny and sign off by the Director of Nursing.

The Division provides significant assurance for safe staffing on current inpatient ward areas against funded ward establishments, noting the current challenges of recruitment up to establishment which is currently managed through daily safe staffing reviews, use of temporary staffing solutions and escalation processes. Also noting a number of pathway changes and testing of models of care that will require further review of current staffing levels for these areas and subsequent assurance levels

Scheduled Care Division

Scheduled Care Division has continued to change and evolve and since the last staffing review (October 2016) the Division has undergone a further redesign of its services which has been aligned to the Trusts five year strategic vision and plan. As part of the Scheduled Care plan, there has been a reduction in bed capacity by 17 beds. This has been done by releasing Ward C to Unscheduled Care which was a loss of 27 beds, and to realign the bed numbers

the Division allocated 10 beds, (6 beds of which were escalation beds) on Ward 39 for surgical patients. As a result staffing establishments have been reviewed although it should be noted that staffing of the 6 escalation beds on Ward 39 is currently being carried as a cost pressure. The resource improvement in relation to these bed closures have however not yet been fully realised as the beds have been subsequently utilised to cope with the increased demand of admissions across the organisation.

In keeping with Carter recommendations that capacity and skill mix are aligned to the needs of our patients each the Matron has reviewed with each ward manager their individual requirements for safe staffing based on patient acuity, dependency levels, ward environment, activity and routine taking into account the guidance stipulated in the Carter review to ensure that rosters are effectively utilised to ensure appropriate staffing levels are achieved.

Previous reviews of investment into staffing levels in Scheduled Care has included an uplift in 2014/2015 in SAU and in 2015/2016 investment into ward 5, ward 34 and ward 35. Review of ward areas across the division in 2015 / 2016 identified some divisional actions to work up to locally mitigate potential staffing gaps.

Areas to note were;

i)CITU where staffing levels were identified as not meeting the requirements of the national guidelines (RCN 2010 and BACCN 2009) however, the professional judgement of the unit Matron and ADON supported the decision at that time that an uplift in staffing levels to meet the guidelines was not required however, this review confirms the need for one Band 7 with overall management responsibility to relieve the workload of the Band 8a Clinical matron. And that the previous reports recommendation of an increase in the number of HCA's to cover the amount of time the registered nurse spends on duties that could be carried out by a HCA should be included in this year's workforce plan to ensure care is being provided in a timely manner. This requires an increase in HCA establishment of 6 HCA's to 11.4 HCA's

ii)Coronary Care Unit (CCU) who were seeing increasingly complex patients in need of increasingly complex intervention with patients requiring techniques such as IABP counter-pulsation, CPAP, temporary pacing and invasive monitoring now common. In addition there was a need to provide staffing support to catheter labs at night to support the PPCI service. The staffing levels did not reflect the 24 hour constant acuity of patients or the PPCI roll out and to meet the acuity demands identified in the audit that an uplift of band 5 nurses was required. Taking into account current funded establishment and use of Band 4 roles a further 1.5WTE band 5 nurse will be needed to be included in this years divisional workforce plan.

When analysing current budgeted establishment as compared to advised establishment with 24% uplift it identifies an overall shortfall of 0.6 WTE band 2 Nurses which are on the two trauma wards. The Division aims for a 24% uplift within reviews of establishments and also takes into account bay nursing and increasing acuity of patients. The results of releasing Ward C to Unscheduled Care and moving Elective orthopaedic patients to a 12 bedded ward did not result in addressing any previous shortfall. However due to investment over the last two years the division now has 12 wards that are achieving the 24% uplift.

The Trust has in the past used "Nurse per Occupied Bed" (NPOB) method to devise safe nursing rotas and has worked to a figure of 1.14 WTE per bed. It is recognised that there are flaws in the NPOB methodology in relation to smaller wards of 15 patients or less and to High Care Wards or to Wards that have differing levels of patient acuity or mixture of specialties nevertheless, it is useful to utilise this methodology as a benchmarking exercise.
Safe Staffing Alliance's recommendations supports a 1 registered nurse to 8 patients ratio on day shifts which divisionally is achieved for most day shifts with the exception of Wards 34 and 35. These wards have ongoing recruitment challenges and a higher compliment of unregistered staff to provide mitigation against a lack of qualified staff. Following review and lessons learned from a number of incidences of pressure ulcers, in order to provide safe patient care, an introduction of bay nursing on Wards 34 and 35 twenty four hours, seven days per week will help to reduce the number of incidences which currently can only be achieved within the current funded establishment on the day shifts.

TABLE 2. Current Ward Profiles 2016 / 2017

Area	Beds	Budgeted Establishment WTE				Current % uplift	Nurse to Bed Ratio		Morning	Afternoon	Evening	Night
		RN	Unreg	HK	WC							
14	20	18 60%	12 40%	1	1	24%	1.5	Registered Nurse	5	5	4	3
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	3	3	3	3
15A	16	12.2 54%	10.4 46%	1	1	24%	1.41	Registered Nurses	3	2	2	2
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	2	2	2	2
15B	12	10.7 67%	5.3 33%	1	1	24%	1.35	Registered Nurses	2	2	2	2
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	2	2	2	0
SAU/ 19	17	13.3 47%	14.9 53%	0.8	2	24%	1.65	Registered Nurse	4	4	4	3
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	3	3	3	2
16	12	12.2 60%	8.1 40%	1	1	24%	1.66	Registered Nurse	3	3	3	2
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	2	2	2	1
34	27	19.1 51%	18.5 49%	1	1	24%	1.39	Registered Nurse	4	4	3	3
								1:8 RN Principle achieved	Y	Y	N	N
						22.5%		Un-Registered Nurses	5	5	3	2
35	27	19.1 51%	18.5 49%	1	0.80	24%	1.37	Registered Nurse	4	4	3	3
								1:8 RN Principle achieved	Y	Y	N	N
						21.5%		Un-Registered Nurses	5	5	3	2
CITU	20	85.5 93%	6 7%	1	1.4	25.2%	4.57	Registered Nurse				
								1:8 RN Principle achieved				
								Un-Registered Nurses	2	2	2	0
CCU	10	21.26 81%	5.08 19%	0	0	24%	2.63	Registered Nurse	4	4	4	3
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	1	1	1	1
CDCU	8	9.5 78%	2.71 22%	0	0.87	24%	1.52	Registered Nurse	4	4	2	0
								1:8 RN Principle achieved	N	N	N	N
								Un-Registered Nurses	2	2	1	0
37	33	24.78 58%	17.77 42%	1.4	1.13	27%	1.28	Registered Nurse	6	7	5	3
								1:8 RN Principle achieved	Y	Y	Y	N
								Un-Registered Nurses	5	4	3	2
38	28	27.2 70%	11.4 30%	1	1.09	24%	1.38	Registered Nurse	7	6	6	3
								1:8 RN Principle achieved	Y	Y	Y	N
								Un-Registered Nurses	2	2	2	2
39	30	25.5 69%	11.2 31%	1	1	24%	1.22	Registered Nurse	7	6	6	3
								1:8 RN Principle achieved	Y	Y	Y	N
								Un-Registered Nurses	2	2	2	2
LS	6	7.9 69%	3.6 31%	1	1	24%	1.9	Registered Nurse	2	2	2	1
								1:8 RN Principle achieved	Y	Y	Y	Y
								Un-Registered Nurses	1	0	0	1

A full Divisional review has been undertaken and focus is currently on the trauma wards which have not achieved full establishment over the past twelve months, both wards continue to carry vacancies and both have had a significant turnover of senior band 5 staff due to retirement or leaving for new posts within the Trust. As a result, both wards have a depleted skill mix and although there has been some recruitment into vacant posts, this is with newly qualified staff, that need additional support and preceptorship. The trained nursing shortfall has been reflected in our nursing care indicator results, with Ward 35 achieving an average compliance of 89% (amber) between March and August of this

year. There have been 33 falls between April and July, across the 2 trauma wards; none have resulted in a serious harm to the patient, although two have constituted moderate harms. There have been an increasing number of stage 2 pressure ulcers, year to date, with 7 incidences on Ward 34 and 9 incidences on Ward 35, the findings from RCA's have noted that it is becoming increasingly difficult to manage the 2 hourly turns in a timely manner, particularly on particular shifts, mornings and nights. Professional judgement supports the belief that bay nursing will assist in the reduction of patient harms and therefore to accommodate this on both Ward 34 and Ward 35 there needs to be an investment in staffing on both Ward 34 and Ward 35, which equates to 4WTE HCA's on each area, whilst also investing in robust recruitment and retention strategies to achieve full registered nurse compliment.

Ward 14 (surgical high care unit) SHCU now has a staffing template for 8 high care, 4 ENT patients and 8 beds for general surgery/ophthalmology/gynaecology and urology patients. A mixed sex ward, challenges in the main are around accommodating increasing high care numbers. There has also been a recognition over the last twelve months through a review of patients and turnover that the acuity of the ward requires further investment of 3.7 WTE QN or Band 4 plus 4.0 WTE HCA to meet the increasing demands on the ward.

From October 2017 the telemetry service will be manned from CCU. This will provide a 24 hour manned telemetry service across wards 37 and 39, ward 38 being added when a new monitoring system is purchased. The business case included 5.4 WTE band 5 nurses and the staffing model will be to use bench staff to manage this system. The service is currently being a manned on ward 37 and there have been difficulties in ensuring 24/7 registered nurse cover for this service using bench staff. To ensure safe and consistent cover and provide assurance that staff, have the appropriate skills in cardiac rhythm recognition it would be preferable to increase CCUs staffing budget and recruit substantive staff to the telemetry service to enable a robust training and rotation of staff between CCU and telemetry. A business case has been developed in relation to this but yet has to be approved.

This divisional report attached within the reference folder highlights a full review of nurse staffing levels across all clinical services including review of staffing requirements to support service changes for which separate business cases will be co ordinated from the Division to support staffing requirements in line with these reviews. This paper identifies priority areas for review.

In relation to inpatient safe staffing assessment the report outlines key priority areas that require divisional consideration within workforce planning and service redesign business cases including the two trauma wards Ward 34 & Ward 35, achievement of 24 % uplift across all in patient clinical areas, consideration of financial support for escalation beds on ward 39 if remain open, addressing increase in acuity of patients on Ward 14 (Surgical High Care Unit) and the constant manning of telemetry on CCU .

Overall the division has low vacancy rates at 9.84% but recruitment challenges remain within orthopaedic wards and ward 39. Sickness is above Trust average and increased from the same period last year however attrition rates have reduced. The division is currently performing overall at 98.8% harm-free care (new harms) however, clinical audits namely Harm Free Care (HFC) and Nursing Care Indicator (NCI) results have confirmed that quality patient care reduces within those areas where there are staffing challenges and these areas require further divisional business case work to support the recommended investment as described above.

TABLE 3

Ward	Current Uplift	Variance -+ (Registered)	Variance -+ (Unregistered)	Required (Registered) (WTE)	Required (Un-registered) (WTE)	Value Of Surplus
Ward 34 Bay Nursing	24%	0	4	0	22.50	105,276
Ward 35 Bay Nursing	24%	0	4	0	22.50	105,276
Ward 14 – to meet increasing acuity	24%	3.7	4.0	21.70	16.0	242,367
Ward 39	24%	1.11	1.3			68,008
CITU	24%	0	5.4	26.90		125,790
CCU	24%	1.5		1.5		54,584
Manned Telemetry	24%	5.4	0	5.4	0	204,949
Ward 34 to meet 24% uplift	22.5%	0	0.2		0.2	5,263
Ward 35 to meet 24% uplift	21.5%	0	0.4		0.4	10,526
					Total	**£922,039**

CITU significant assurance is provided in relation to the registered nursing levels but to obtain full assurance an alignment of skill mix to provide extra HCA support for assistance with fundamentals of care and realign nurse in charge availability is required.

CCU provides significant assurance as core staffing levels are adequate but to obtain full assurance cover for PCI activity especially at night is required.

Telemetry currently is covered through bench although this sometimes results in a unregistered nurse monitoring the system, this does provide significant assurance however this is at a cost pressure to the Division and to provide full assurance this needs to be substantively funded for qualified cover 24/7.

Ward 39 provides full assurance when within funded 24 beds but on opening to support capacity of 6 unfunded beds this provides significant assurance through staffing from within the division / bench, however this is at a cost pressure to the Division and noted that agreed staffing levels for the increase in capacity is not always realised.

Ward 14 provides significant assurance through utilising the ward manager in the numbers which long term is not sustainable and to provide long term full assurance this will need to be covered.

Ward 34 and Ward 35 there is significant assurance of adequate staff to provide bay based nursing on the early and late but to achieve full assurance this also needs to be provided on the night shift and for the Division this is considered the priority area for investment alongside the uplift requirement for these two wards.

The division overall is reporting significant assurance when current funded establishments are fully recruited into. The above is required to achieve full assurance and Ward 34 and Ward 35 are noted as priority area for future resource consideration.

Adult and Long Term Conditions Division

A review has taken place on the current position in relation to Nurse staffing at Clifton Hospital and the Assessment and Rehabilitation Centre (ARC) clinically enhanced beds, with a safe caseload approach applied to the three localities Blackpool, Fylde and Wyre and Lancashire North. The detailed report attached in the reference folder details a level of assurance with regard to safe caseload for the four areas which has been triangulated with harms data and other appropriate national and local standards. The associated Appendices presents data aligned to Clifton Hospital, Blackpool, Fylde and Wyre and Lancashire North Localities and includes detail on nursing resource at Clifton hospital and the locality multidisciplinary teams aligned to safe caseload principles, Patient Harms, HR and KPI data.

Clifton Hospital

The 2015 staffing reviews for Clifton Hospital recommended an increase in both qualified and unqualified nurse staffing levels particularly on the late and night shifts in order to provide enhanced care and observation of patients at a high risk time of day.

The organisation confirmed investment of £556,000 for nurse staffing for 15/16 in order to increase the nurse establishments to meet the RCN guidance for care of the elderly wards. As a result of the Trust financial position in July 2015 a decision was taken by the trust to review the need for the investment of £556,000. A bed capacity option was agreed with an alternative skill mix configuration that was supported by £124,000 investment.

The current bed based provision, totalling 96 beds, has continued to support patients transferred from Blackpool Victoria Hospital on three defined pathways of care.

- Consultant led medical pathway.
- Nurse/therapy led Orthopaedic rehabilitation pathway.
- Nurse/therapy led Fylde and Wyre Intermediate care.

In January 2017 the ward configurations were reviewed and changed which has significantly reduced confusion for referrers and enabled skill mix of staff to be aligned with nurse/therapy led pathways and consultant led pathways more effectively.

A comparison of BVH Wards 25 and 26 and Clifton wards 1, 2 and 4 suggest they have comparable high levels of acuity. Although the patient's transferred to Clifton are deemed to be in the sub-acute phase of illness acuity levels remain high due to the high risk of harm, complexity, severity and intensity of condition. Many of the patients have behavioural challenges, cognitive impairment, reduced mobility and compromised skin integrity and nutrition. Patients admitted to ward 3 are on a nursing - therapy led pathway, when compared to Wards 1, 2 and 4 acuity for this patient group is not significantly less. This is due to the complexity of the individual rehabilitation requirements and associated medical or orthopaedic conditions that often present in this patient group. Patients at Clifton Hospital regularly have a

DoLS in place, during the last 3 years there has been a year on year increase with a total number of 29 in the last year.

The current staffing model was developed and implemented in partnership with the ward managers in 2015 based on professional judgement and continues to reflect the above. The model also aligns with the RCN guidance for care of the elderly wards and provides safe levels of staffing of 1:8 as detailed within the safe staffing alliance guidance.

Harms data supports that current staffing levels are adequate with an improving trend in all harms data, with the exception of falls, and an improving trend for infection prevention performance and nursing care indicator compliance. On review of the indicators within the Carter dashboard professional judgement suggests that the CHPPD data generally reflects the staffing model at Clifton. Ward 3 registered nurse CHPPD is reflective of the requirements of the nurse therapy led pathway where the patient's management plan could be led either by a therapist or a nurse with ongoing delivery of the plan is carried out by non-registered members of the team.

The Clifton Hospital wards are aligned to the 17/19 CQuIN scheme Personalised Care and Support Planning has provided a framework for the division to embed care for patients living with a long term condition that supports the proliferation of self-care packages such as health coaching, peer support and self-management education. Year one includes identification of the population, baseline review of patient activation and training of staff in the use of the Patient Activation Measure. Data collection for this scheme is annual to March 2018 after which more detail will be available.

There are plans in place to align all the wards at Clifton hospital to nurse – therapy led model of care which will require current nurse and therapy staffing models to be reviewed over the next six months in order to maximise the resource available to meet the requirements of the future pathway changes. The review will include integrating new roles into the staffing model such as nursing associate roles and apprentice/ traineeships across the nursing and therapy workforce. In addition an "outreach model of care" is currently being piloted which is based at Clifton Hospital; the evidence suggests a reduction in delays for patients being discharged from hospital. The staffing model has been developed and recruitment to the team on a substantive basis has commenced.

Although challenges remain in continuing to fill vacant positions and reach full establishment, the current funded establishment for the nursing resource within Clifton Hospital is adequate for the current pathway requirements.

Assessment and Rehabilitation Centre (ARC)

ARC is an intermediate care facility serving Blackpool residents and consists of 23 residential rehabilitation beds and 10 clinically enhanced rehabilitation beds. Blackpool Council is the lead provider, and holds the CQC registration for ARC. The Trust is sub-contracted by Blackpool Council to provide nurse and therapy staff for patients who occupy the 10 clinically enhanced beds. The current budgeted registered nurse establishment, aligned to the 10 clinically enhanced beds, supports the principle of one registered nurse on shift therefore a registered nurse ration of 1:10. Harms data reflects an improving position throughout the year although there has been slight decrease in the average results for nursing care indicators that remain in amber. Work has commenced to align ARC documentation with the community clinical records standard operating procedure which will provide a standardised approach to record keeping for clinically enhanced beds and residential rehabilitation beds.

District Nursing

Community teams were reviewed and investment supported by CCG's following previous staffing reviews which included a detailed capacity and demand review aligned to the Divisional nursing resources work. A predicted investment required was based on the requirement across all localities to achieve a quantitative national standard of an average one WTE Specialist Practitioner band 6 or 7 per 10,000 practice population equated to. In addition a nationally benchmarked capacity measure was used to describe required staffing levels of activity per WTE aligned to the band of staff. This being an average of 10 visits per day for a band 5 member of staff working a 7.5 hour day.

Over the last 2 years partners in Blackpool and Fylde and Wyre (Fylde coast) have been working together on a New Models of Care Strategy, which includes Extensive Care and Enhanced Primary Care models. The health and social care economy were successful in being awarded New Model of Care Vanguard status and the new models of care promotes a focus on multi-professional teams supporting patient's families and carers in homes and communities. The teams include registered and non-registered nursing staff and may include allied health professionals, social care workers and members from the voluntary sector. The model also includes new roles such as care-coordination and health and well-being roles.

Describing a safe caseload in the community is complex. The National Quality Board paper (March 2017) describes ten principles which if achieved provide assurance of safe caseload. Whilst the principles were directed specifically at District Nursing caseloads, within this paper they have been applied across the emerging neighbourhood and integrated care community teams, therefore employing a methodology that is consistent for the emerging model of care. The reference paper describes a level of assurance using the safe caseload principles which describes the three localities benchmarked against each of the ten principles. The benchmarking is triangulated using locality harms data, specifically closed incidents with regard to medication errors and Skin tissue damage and STEIS reportable incidents plus NCI data.

A review of all available evidence indicates that the current funded establishment for the neighbourhood resource within Blackpool, Fylde & Wyre localities and within the integrated care teams in Lancashire North is adequate; there is significant assurance that the teams are compliant with the safe caseload principles, which has a positive impact on delivery of safe high quality patient care and patient experience.

A review of all available evidence also indicates that there is significant assurance in the main that they are also compliant with safe caseload principles. In order to have full assurance work will need to be undertaken to apply the care hours per patient day methodology which is expected to be released as part of the Carter Dashboard (community) in autumn 2017.

It is highlighted within the detailed report that the district nursing teams establishment has historically not included uplift. The cost of uplift does not include Band 7 team leaders as it has been assumed they are supernumerary and having processed the registered and non-registered nursing uplift only the value equates to £2.14m. In 2018 consideration needs to be made by the division in relation to presenting a case for a phased introduction of establishment uplift to support the management of planned and unplanned leave within their internal financial planning.

Families Division

Several publications including Safer Childbirth and Safe midwifery staffing for maternity settings identify required standards for safe staffing levels for all midwifery, nursing and support staff and act as a benchmark that current staffing establishments have been audited against. A Review of birth rate and case mix and Midwifery, Nursing and Support Staff workforce was undertaken in May 2017 and the detail is available in the attached reference folder. Blackpool Teaching Hospitals NHS Foundation Trust has just over 3000 deliveries per year and the case mix for these women was Categories 1-111 – 56% and categories IV-V – 44% which is a change in case mix from the previous annual review. Using the Birthrate + review methodology above and taking into account the change in case mix it is identified that the maternity services are compliant with the required workforce for staff in non clinical and additional roles. The required number of Midwives, Nursing and Support Staff to work in the community setting is also adequate but for the hospital setting using Birthrate + analysis a shortfall in midwives by 2.0 WTE is noted.

The division reflects positive assurance in relation of good standards of care and this is supported through;

- the reduction in stillbirth rates (reduction from 5.7 to 2.99 per thousand births) which is monitored on a monthly basis using the maternity dashboard and discussed at the audit meeting where lessons learned are disseminated. The trust has been named as the best in the country in relation to this.The project started with the implementation of the GROW chart, followed by SABINE and the Saving Babies Lives Care Bundle and key elements are included in local policy documentation.

- Achievement of newborn baby screening at 5 - 8 days. This is a heel prick blood test, traditionally carried out at home, which now is being carried out in clinic environments at the Children's Centres resulting in a reduction of the avoidable repeat rate from to 4% to 1.97%. A team of 4 maternity support workers implemented the changes providing enhanced support for families as well as ensuring the screening is carried out effectively.

The division have reported patient safety key performance indicators monitored monthly via the maternity dashboard and all *reflecting positive assurance in relation to good standards of care within current staffing models and funded establishments.*

This review shows that for the midwifery staffing to be Birthrate plus compliant for both community and hospital a further 2 WTE are required to have a ratio of 1:29. This will be presented at the Families Division Governance Meeting to be taken forward for consideration to meet this resource requirement of £92,870.

On the 1st of October 2015 both the school nursing and health visiting service commissioning service transferred to the local authority. In 2016-2017 the school nursing budget in Blackpool local authority saw a 33% reduction in funding which commenced from the first 1st of July 2016. This resulted in a restructure of the present service and subsequent service resign. The Health visiting model will be fully implemented in Blackpool by April 2018The Division conducted a consultation process which will result in the redeployment of 11.3 WTE band 5 school nursing posts.

The 0-19 service is out to tender for Lancashire County Council. A collaboration arrangement with Lancashire Care Foundation Trust is being sought to jointly provide across Lancashire. BHT's present staffing model has been adopted as the future model and *therefore our staffing numbers in both Health Visiting and School Nursing are appropriate*

Paediatric services uses RCN guidelines "Defining staffing levels for children and young people's services" as the recognised tool to review staffing. The standards set within these guidelines are included in the attached divisional reference paper. Paediatric services cover both in patient and outpatient services and also in reach into

- Emergency Room – for poorly child
- Adult ITU – whilst a child is being nursed there
- Adult HDU – whilst a child is being nursed there
- Transfers – out to Tertiary Centres

Current establishments for staff providing direct patient care for the paediatric unit in-patient wards are:
Qualified staff: 44.2 WTE & Unqualified staff: 6.48 WTE. Required to meet the RCN standards:
Qualified staff: 50.1 WTE Unqualified staff: 9.3 WTE. These are based on nurse to bed ratios and does not reflect the reduction in the number of patients to our Children's assessment unit and a reduction in 50% admissions to our adolescent unit through quality advancements. *Therefore the Division provides assurance that when fully established the budgeted staffing levels provided for within the Paediatric Unit meet the appropriate standards and are safe for the current patient activity. The neo natal unit are currently fully staffed and also provide full assurance on safe staffing levels also.*

Trustwide Quality and Safety Metrics

Quality and Safety key performance indicators are monitored via the Trustwide Integrated Performance Report and reported to Executive Directors via Divisional Performance Boards. The key performance indicators are triangulated with nursing shift fill rate to assess if the actual numbers of nurses on shift is having an impact on quality of care. Trustwide indicator data is reflected below, although it should be noted that the detail within the Trustwide data is also monitored via the quality dashboard for individual ward / departmental risk areas.

TABLE 4

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug
Nursing Care Indicators	93.00%	93.00%	93.00%	93.00%	93.10%	94.00%	93.10%	93.00%	94.00%	94.00%	95.00%	93.00%
Hospital Acquired Pressure Ulcers (New)	15	10	6	18	13	7	8	7	16	18	15	20
Community Acquired Pressure Ulcers (New)	50	48	46	45	70	55	63	50	37	36	56	60
Falls resulting in a harm.	140	133	138	148	182	160	153	171	129	126	156	114
Safety Thermometer % Harm Free Care (New)	98.10%	97.90%	98.00%	98.00%	98.10%	98.20%	98.60%	98.50%	98.80%	98.40%	98.00%	97.80%
Number Patient Safety Incidents	1157	1395	1249	1230	1324	1312	1409	1369	1186	1449	1925	1903
Serious Untoward Incidents- Steis Reported	5	4	7	3	3	3	0	4	6	1	1	0
% Shift Fill Rate (against a target of 90%)	91.10%	93.10%	92.40%	93.00%	94.90%	95.10%	92.10%	92.90%	92.90%	93.20%	91.40%	92.20%

5. Conclusion

This paper reflects previous investment made into nurse staffing across the organisation since 2014 and considers potential investment requirements for the coming year.

Scheduled and Unscheduled Care divisions continue to facilitate changes in service delivery in line with new models of care and introduction of new pathways and new proposed staffing levels for those areas will need to be reviewed against key performance quality indicators once in place. Speciality areas have been highlighted as requiring investment into nurse staffing levels to support changes in patient acuity, provision of establishment uplifts and service developments and these will form part of separate business cases from within divisions.

Families Divisions review reports compliance with the required workforce for none clinical & support staff and for community midwives but in line with a review against birth rate plus notes an investment by 2WTE to in the hospital setting against national standards.

The findings from Adult and Long Term Conditions Division demonstrates a continued drive to support new models of care delivery to support current patient acuity and case load contacts with staffing establishments currently adequately meeting this activity safety. However, this review does highlight the need for future consideration of the implementation of uplift to establishments across the community district nursing teams.

Ongoing focus is needed on the Trustwide recruitment and retention strategy and continued support and potential expansion to international nurse recruitment is required. There has been a focus on plans to close the nurse vacancy gap; including building relationships with local schools and colleges to promote health as a career option and linking closely with local university's to encourage students to consider the organisation as a place of choice once qualified. In addition the Trust has participated in local and national recruitment fairs to attract staff to the area, continually run local and national adverts, improvements have been made in exit interviews and preceptorship support for newly qualified staff. This activity has supported the recruitment of some high quality staff to the area; however, the Trust continues to have a wide vacancy gap and is focusing on embracing new roles and opportunities including well-being support workers, care co-ordination roles, trainee nursing associates, emergency department assistants, nursing apprenticeships and health academy participants. All divisions have facilitated workforce planning workshops which will determine our priorities and actions for the next 12 to 18 months.

The Director of Nursing following this review, in light of current safety and quality metrics and through provision of the assurance levels from Divisions reflected in the italic type within each divisional section of the report provides assurance that the current funded staffing establishment position across all Divisions is safe.

Recommendations

The Committee is asked to note the findings of the Divisional Nurse, Midwifery and Care Staffing Reviews and agree the review to go forward to Finance Committee to note the proposed investment required within separate divisional business cases to uplift establishments in;

TABLE 5

Division	Staffing Team	WTE	Cost
Families	Midwifery Team	2 WTE – Registered Midwives	£92,870
USC	Stroke Unit – Hyper Acute Beds	Awaiting completion of review of nurse to patient rate for rehabilitation	TBC
	A&E Department	Awaiting completion of re-profiling	TBC
	Respiratory High Care	Awaiting completion of testing of new model of care	TBC
	Frailty Pathway	Awaiting completion of testing of new pathway model	TBC
SC	Orthopaedic Bay based nursing 24 hours	8 WTE Unregistered Nurses	£210,552
	Ward 14 SHCU Activity	3 Registered Nurses 4 Unregistered Nurses	£242,367
	Ward 39 – Escalation Bay	1.11 Registered Nurses 1.3 Unregistered Nurses	£68,008
	CITU	5.4 Unregistered Nurses	£125,790
	CCU	1.5 Registered Nurses	£54,584
	Manned telemetry Cardiac Centre	5.4 Registered Nurses	£204,949
	Orthopaedic Uplift Compliance	0.6 Unregistered Nurses	£15,789

The Committee are also asked to note that the National Carter Dashboard is now reflecting care contact hours per patient and other performance data and to note that a fuller reflection of effective use of resources in comparison to national peer groups will be reviewed once data sources and data inclusion has been interrogated and understood. It is noted that once this has been fully understood that this will be reflected more robustly in the next staffing review report.