

Safe Staffing

Trust Board	Item: 11
Date: 7th August 2019	Enclosure: G
<p>Purpose of the Report: This report provides the Board with an update on the progress made with the implementation of the Developing Workforce Safeguards. The report provides assurance around safe staffing within nursing, midwifery, medicine and allied health professionals. Highlights the progress made to ensure future plans are in place to sustain the position.</p>	
<p>For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/></p>	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing and Quality
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Corporate objective 5.
Legal / Regulatory / Reputation Implications:	National Safe Staffing Reporting Requirements
<p>Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/></p>	
Link to Relevant Corporate Objective:	Strategic Objective 2 – To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
Document Previously Considered By:	EMC 31 st July 2019
<p>Recommendations:</p> <ol style="list-style-type: none"> 1) To continue to progress the implementation of the Developing Workforce Safeguards Recommendations. 2) To continue to triangulate safe staffing levels across disciplines 3) Continue with the implementation of rostering within medicine and allied health care. 4) To explore opportunities to ensure the sustainability of the workforce model and plan. 	

Safe Staffing Report July 2019

1. Introduction

Developing Workforce Safeguards was published by NHS Improvement in October 2018. This document was developed to support organisations to utilise effective staff deployment by adopting a “triangulated approach” (figure 1) to manage common workforce problems. Following a review of this guidance by the Director of Nursing & Quality and the Director of Workforce the Trust is proactively working towards implementing the recommendations thus providing assurance that workforce decisions promote patient safety and comply with the Care Quality Commission (CQC) well-lead framework (2018). Unlike previous Safer Staffing Board reports, which have only provided assurance on nursing and midwifery staffing levels the following report will also incorporate medical and Allied Health Professionals (AHP) staffing.

Figure 1: Principles of safe staffing



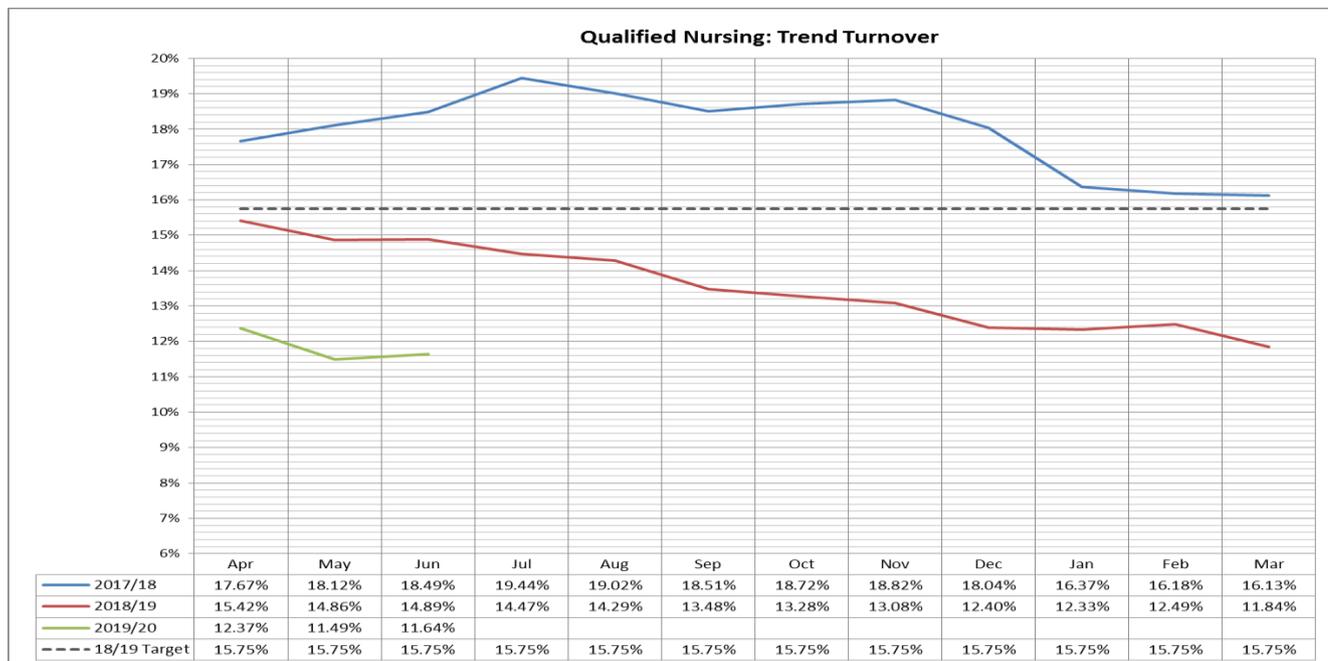
2. Monitoring

Nursing and medical staffing levels are reviewed daily in real time at each bed meeting and both nursing and maternity staffing through the safer staffing meeting which is held fortnightly and chaired by the Deputy Director of Nursing (DDON). Medical and Allied Health Care Professionals are monitored via the Workforce Committee.

The Safe Staffing paper is presented 6 monthly to Executive Management Committee (EMC) for approval prior to being presented at the Trust Board for assurance.

Current Position Registered Nurse (RN) Turnover

RN turnover is currently 11.64% against the Trust target of 15.75%. This is a significant improvement and the lowest turnover rate in 3 years. In order to maintain this position, the Trust continues to ensure the number of new starters is always greater than the number of leavers. This is monitored through the Safer Staffing group on a monthly basis.



Current Vacancy Status of Registered Nurses Compared to the Recruitment Pipeline

The current vacancy rate (based on June data) is 7.98%, this has increased slightly from the previous report but this is largely driven by establishment increases during budget setting, as opposed to an increase in leavers.

Current vacancies are:

- 41.24 WTE for planned care with 71.1 WTE in the pipeline
- 31.42 WTE for unplanned care with 82.45 WTE in the pipeline

In the previous Safe Staffing report to the Trust Board the Paediatric Emergency Department was highlighted as a priority area of focus. This continues to be the case as the department has the highest vacancy rate (3.23 WTE Band 5, 4.47 WTE Band 6). This has been further compounded by maternity leave (0.92 WTE Band 5, 0.61 WTE Band 6 and 0.90 WTE Band 7 and 1 WTE band 8). A robust action plan has been implemented to mitigate the risks associated with the vacancy/maternity leave rate and a summary of the actions taken are outlined below:

- Refresh the Band 5 and Band 6 adverts and refresh the recruitment campaign.
- Currently have 4 regular agency staff working lines on the rota.
- Head of Nursing for Planned Care to liaise with Paediatric Matrons (ED and Inpatient) have facilitated for 4 nurses to rotate between the inpatient area and ED to increase cover.
- Commissioned extra conversion courses from LSBU for adult nurses who have expressed an interest in completing their Paediatric training however we currently do not have the staff eligible for these places.
- Paediatric ED Matron working a minimum of x1 clinical shift per week to work with staff and provide cover/clinical leadership.
- Trainee Paediatric ANP in post.
- 2 IEN's with Paediatric experience commenced on Sunshine ward on 31st May and will complete their orientation and induction to the Trust with the ward team for 4 months, before moving to work in the Paediatric ED
- Successful recruitment to Paediatric Matron Secondment.
- Formalised Rotation programme for Paediatric nurses, to include Ward/PAU, Day Surgery and ED
- Paediatric ED had a successful Away Day on the 15th July 2019.

The actions above are closely monitored by the Head of Nursing (HON) for unplanned care and the Paediatric ED Matron. Progress will also be monitored via the bi-weekly safer staffing meeting, Divisional Performance Review.

Current Vacancy Status of Healthcare Assistants (HCA)

The current vacancy rate for HCA's is 7.56%, this has increased slightly since the previous report and the Trust plans to continue the rolling HCA recruitment programme.

Maternity Workforce

The 2018/19 midwifery workforce ratio average was equal to the budgeted ratio of 1:28 which is an improvement from the previous year with a ratio of 1:30. This has been achieved through financial investment of midwifery posts to maintain midwifery staffing levels and proactive recruitment of midwives, along with a reduction in the overall birth rate in South West London and surrounding areas.

Safety within the maternity service is monitored via the Trust incident reporting system with all incidents reviewed in correlation with staffing levels alongside clinical activity and acuity to provide assurance of safe care. This is monitored within the maternity service line, within the cluster and divisional performance meetings and at the safer staffing meeting. The maternity service has not used agency staffing since 2012 and controls midwifery staffing and budget efficiently whilst maintaining safety.

The SWL Local Maternity System and STP strategic direction, along with the Better Births Maternity Review, is to provide continuity of midwifery carer. This is being implemented with a phased approach, to provide continuity of midwifery carer across the whole maternity pathway for 35% of women by 2020. The National Maternity Transformation Board via SWL STP have provided £100k of funding in 2018/2019 to support this initiative for midwifery staffing to ensure successful implementation of this care model. Further funding is expected to be released through the SWL STP in 2019/20 and the service needs to be in a position to ensure appropriate staffing levels are provided to implement this national initiative with performance monitored by NHS England.

Current Maternity Vacancy Rate

The current vacancy rate within maternity is 1.82% and there are 4.75 WTE maternity support worker vacancies.

Neonatal Staffing

The Trust continues to have a fully established neonatal unit. This is a unique position, as most units across London continue to report a 15% to 25% vacancy rate.

Sickness

Registered Nurse sickness rates are currently 2.51%, which is within the Trust target and the HCA sickness rates are 5.18%, both sickness rates are largely related to long term sickness.

Qualified Midwives sickness level is currently 3.64% with Maternity Support Workers currently at 7.5%. Whilst this is above the Trust target it is again largely driven by staff on long term sick leave. This is being managed by the Director of Midwifery and has been reported in detail to EMC.

Red Flags and Unify Data

Red Flags

As outlined in the previous Trust Board paper there is a robust process for reviewing safe staffing levels on a daily basis via the Matron of the Day and bed meetings. All red flags are discussed at the bi-weekly safer staffing meeting and are presented by the matron responsible for the clinical area.

Between January 2019 and June 2019 there were 35 red flags reported on the Ulysses System. Following a clinical review 6 were deemed to have fulfilled the Red Flag criteria and discussed at the safer staffing meeting. All of the red flags related to incidence whereby the recommended safe staffing ratio fell below the agreed level. This was a consequence of staff being moved to support other areas with escalated beds, higher acuity or sickness. In all cases mitigation plans were put in place and none resulted in harm or were deemed detrimental to patient care/safety.

Unify Data

Unify data is the reported metric of nursing staff actually on duty against the staff who were planned to work in all inpatient areas. There is a national requirement to report this measure and each month this is reviewed and approved by the Director of Nursing & Quality. The Unify information is obtained from the e-roster system and presented within the monthly Integrated Quality & Performance Report. This report is then discussed monthly at EMC, Clinical Quality Review Group (CQRG) and at Quality Assurance Committee (QAC).

The Unify data also produces 'care hours per patient day' (CHPPD). The CHPPD calculation measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers. This is designed to measure and compare the standard of patient care in hospitals around the UK, the collated information will be regulated by NHS Improvement, the Chief Nursing Officer for England and the Royal College of Nursing. Care hours per patient day demonstrate a variance across the areas, however are aligned with what we would expect to see in terms of specialty and predicted acuity. For example a higher staffing ratio would be expected within areas such as ITU, resultant to higher patient acuity results in higher care hours.

June Unify and CHPPD data can be found in Appendix 1.

Bi-annual Ward Staffing Reviews

Whilst there is no nationally set guidance on nurse staffing, NICE guidance identified evidence of increased risk of harm associated with a registered nurse caring for more than eight patients during the day shifts. Working on Royal College of Nursing Guidance and professional judgment, in the absence of recommendations on minimal staffing levels, the Trust following agreement at the February 2018 Trust Board are currently working to a minimum of 1:8 nurse to bed ratio in the day, and 1:10 at night (with the exception of AAU and orthopaedics which both have a lower ratio of patients to trained staff). One of the recommendations from the Developing Workforce Safeguards is to ensure that a review of staffing is completed twice a year. This was completed during the budget setting process in March 2019 and Quality Impact Assessments (QIA) presented at the Safer Staffing meeting by the HON for the division, below is a summary of the divisional changes:

Planned Care:

All clinical areas were reviewed, with four areas identified where an increase to the establishment was required. The main driver for increasing the staffing levels related to either an increase in patient activity, change to a service or an introduction of a new service. The areas are Royal Eye Unit (REU), Dental Unit (PAW), Alex and Isabella wards. QIA were completed for all of these areas and the assessments demonstrate a low risk in the changes to the nursing establishment. For the inpatient areas; Alex and Isabella wards increase in the nursing establishment is to cover the increase in patient activity and change to patient remit. It has ensured that the agreed nursing ratio of 1:8 has been maintained during the day and 1:10 at night.

Unplanned Care:

QIA were undertaken across the ward areas in Medicine, AAU ICU and ED. The assessments have demonstrated a low risk in the changes to nursing rotas undertaken as part of the medical ward reconfigurations and have maintained the agreed 1:8 nursing ratios during the day and 1:10 at night. Where Nursing Associate roles have been introduced (ED, AAU and Bronte) they remain a minority of the qualified nursing complement and do not adversely impact the ratios. These roles have integrated well

and are fully supported by the rest of the registered nurse workforce. The increase in bed numbers in ICU has had the required nursing ratios maintained, and changes to the ED and AAU skill mix has not impacted on numbers of registered nurses but has provided an increase in senior nurse cover by converting Band 5 posts to Band 6. This provides greater senior oversight of patients, whilst also improving career progression and retention of staff. No risks have been identified through this process.

3. Acuity Data

In order to further validate the Trust's agreed staffing ratio a weekly acuity audit was implemented to ensure that the acuity documented on the Patient Tracking List matched the current status of the patient. An acuity audit was completed between May and July 2018, the results of the audit demonstrated that there was further work to be done around staff understanding of acuity scores and the importance of reliably reporting acuity. In response to this, one of the matrons is now leading on an acuity project as part of a Quality Improvement Project (QIP).

In the previous paper it was identified that the acuity and dependency data on the inpatient tracking list did not consistently match the acuity of the patient at the time of data collection. A QIP was launched to endeavour to address this and ensure scores were consistently recorded and accurate across all inpatient areas. Scoping exercises found that there were some simple fixes within the technology that would improve the ease and accuracy of the recorded score. These included the patients appearing in bed order rather than alphabetical order and the score being reassessed each day rather than the score being rolled over from the day before. These changes have now been successfully implemented by IT.

It was agreed that the acuity scoring would only be completed by a Band 6 or above on every ward and a short animated film was produced to ensure all of these staff members had the relevant information to inform them when applying the scores to their patients. This animated film is also available to new team members responsible for applying the score at the Trust. As this film has been produced in house it can be adapted to respond to any changes within the acuity system for example a change of time of score assessment or any new IT we may use in the future to incorporate acuity scoring with real time staffing level assessments.

Now that the above actions have been taken there is a plan to repeat the audit in July 2019 to assess the effectiveness of these changes. This will be a week-long audit which differs from that audit carried out last year and will provide a snapshot assessment of the impact of the changes implemented. Dependent on the outcome of this audit we will then conclude what the audit cycle for acuity scoring should be on an ongoing basis.

The aim is to, as far as possible ensure consistency with acuity and dependency scoring which will then increase the validity of the triangulation process for monitoring staffing.

Leaver's Analysis of Registered Nurses

The stability metric was introduced for measuring the percentage of staff with over one year of service. The measurement for RN's is currently 88.20%. The Trust Target has changed recently from 85% to 90% hence the chart below is showing as an amber rating when previously the Trust had achieved the target. The number of vacancies across all other inpatient areas has improved.

Stability	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Trend
Qualified Nursing	86.66%	86.71%	87.15%	86.99%	87.91%	88.20%	

Leaver's Analysis of Healthcare Assistants

Turnover within the HCA group remains high (16.77%) and there has been discussions at the Safer Staffing meeting to establish if increasing possible opportunities for HCA's might increase retention.

4. Workforce Plan for the Future:

Advanced Clinical Practitioners

The Trust currently has 37 nurse prescribers, 3 optometrists and 1 pharmacist who are able to prescribe. These numbers are steadily increasing and monitored via the non-medical prescribing group chaired by the DDON.

Within dermatology and endoscopy there are ACP who run their own procedure and surgery lists.

Internationally Educated Nurse (IEN) Recruitment Update

There are currently 95 IENs in the pipeline with 45 due to arrive in the next 3 months. The remaining candidates are still waiting to complete various stages prior to them applying for sponsorship and visas. The Trust has successfully maintained its 100% pass rate for IENs nurses sitting their Test of Competence Part 2 (OSCEs).

A further overseas recruitment trip is scheduled for the end of October 2019 and the Trust will be exploring the possibility of recruiting from both India and the Philippines to increase the diversity within the overseas nursing workforce.

Nursing Associates (NA)

The Trust continues to grow the NA workforce and 8 from the initial pilot group completed their training in January 2019. The Trust successfully retained 6 of the NA who have integrated well into the nursing workforce.

A further 8 trainees are due to complete their training in January 2020. The Trust has experienced some challenges which are comparable to the national picture and in particular the London landscape in recruiting suitable candidates that meet the academic criteria to commence the programme. Only 4 Trainees commenced in September 2018 and 13 commenced in December 2018. KU are developing a new curriculum for the NA Programme in partnership with South West London footprint. The Trust participated in the successful NMC validation event on 23rd May 2019. The programme will commence from September 2019 and is validated by the NMC with Apprenticeship Standard approval. Discussions continue via the Director of Nursing & Quality and the safer staffing group to develop a strategy/identify areas where there are opportunities to review current establishments and create opportunities for the NA role. Alongside this a QIA around the impact of the role of the NA on care delivery is being undertaken.

Student Nurses and Trainees:

The Trust is the lead provider in the West Zone to 125 learners who are developing their knowledge and skills in our clinical environments of care. These learners are drawn from Kingston and London Southbank (LSBU) Universities. The new LSBU Future Nurse Undergraduate programme was validated by the NMC at the beginning of May 2019 and will commence in September 2019. This semester the Trust have hosted an additional 4 students from LSBU who are engaging in a new four year programme, with year one providing a gateway to the following graduate healthcare programmes. Adult/Child/Mental Health/Learning Disability Nursing, as well as Midwifery/Occupational therapy/Operating Department Practice/Diagnostic and Therapeutic Radiography.

The procurement exercise for the SWL partnership to appoint the Programme concluded on the 29th May 2019. Pan London Practice Learning Documents for Preregistration and Nursing Associates have been agreed by the NMC.

Two rotational programmes have been developed from September 2019. One is for newly qualified nurses over 18 months and covers 3 clinical areas and the other is a bespoke programme targeted at staff that has already completed preceptorship and wish to move in a specific direction.

Training Update

Mentorship and Preceptorship:

Standards for Student Supervision and Assessment (SSSA) are now published and these will determine the levels of supervision and assessment for learners on NMC validated programmes. The role of “mentor” has been replaced with new roles of Practice Supervisor (PS) and Practice Assessor (PA). In addition the role of Academic Assessor (AA) emerges and practice assessment will become a tripartite partnership where proficiencies and standards in practice are measured collaboratively. The Pan London Capital Nurse Preceptorship has commenced. The Practice Development Team (PDT) facilitates a series of workshops for those who are undertaking this together with those who are supporting them. This has been evaluated well and includes all newly qualified nurses, nursing associates and international nurses.

In order to ensure the currency of an individual's qualification to support learning in practice the Trust in collaboration with KU and London South Bank University (LSBU) deliver monthly update sessions. This allows mentors and PA/PS the opportunity to reflect on their experiences and to update themselves with the plethora of changes in the provision of undergraduate nursing across a range of roles in the nursing family. In addition to this the Senior Practice Development Nurse for student experience, with the PD for midwifery will update the Nursing, Midwifery and AHP Board of changes in learners provision and in particular Future Nurse and Future Midwife.

Burdett Project Update:

The Burdett Project has now been completed and data acknowledges the benefits and challenges staff experienced. The findings are being presented at the Tavistock and Portman NHS FT conference in June 2019.

Workshops and other Learning Opportunities:

The PDT continues to deliver a wide range of workshops and real-time simulation as well as supporting career development through ‘drop-in’ surgeries. Healthcare assistants who are undertaking the Care Certificate are supported through a range of blended learning opportunities. The team support the delivery of a bespoke newly qualified nurse and band 5 induction programmes. New workshops are emerging and enhanced observation and nutrition have been added to the provision from September.

The indirect funding from Heath Education England is supporting the professional development of modules across all clinical areas. However, the funding for non-medical education has been significantly reduced. Following the funding review panel in July it was agreed that the impact of this reduction will be reviewed and added to the Risk Register.

Medical Staffing

The current workforce performance indicators for medical staff (excluding doctors in training) are highlighted in the Table 1.

Table 1

KPI	June Performance	Trust target
Sickness	1.10%	2.6%
Stability	93.29%	>90%
Turnover	6.35%	<13.5
Vacancies	5.08%	<6%
Statutory & Mandatory Training*	71.86%	>85%

*includes doctors in training

Medical Staffing Challenges

The hospital continues to use bank and agency doctors to provide temporary cover for vacancies, absence and increased activity/acuity. For agency workers, the Trust does not normally have to use 'off-framework' agencies but paying within the various capped rates (NHSI and pan-London) remains a challenge. This reflects the continuing imbalance between the supply and demand for doctors. The current main areas of concern are for 'Registrar' grades (ST3+), particularly in ED, Medicine and Anaesthetics. Particular arrangements have also been put in place in relation to Registrars in medicine where enhanced bank rates have been applied for a fixed period to September in order to secure the necessary workforce (and avoid agency usage). The Trust remains within its overall agency spend ceiling. Work continues both across London and within the SW London Collaborative to examine ways of creating more stability in the regional medical locum labour market.

The Trust has a significant rotation of doctors in training in August and it is anticipated that rotas will be almost fully staffed; gaps from rotations have been largely filled through the recruitment of Trust doctors. There are a few Trust grade posts unfilled in medicine and further rotations in September (Paediatrics) and October (Obstetrics & Gynae) and work is continuing to fill anticipated gaps.

The Trust Risk Register includes four risks specifically related to medical staff:

- 1 shortage of non-consultant doctors in ED
- 2 inadequate medical staffing levels in Ophthalmology
- 3 inability to recruit 2 substantive Orthogeriatric Consultants and non-consultant doctors
- 4 unfilled medical registrars (SpR) posts

In ED, a Workforce Group have been examining the utilisation of the doctors, exploring alternatives to the current staffing model including new and different roles to reduce the demand for medical staff and the mix between substantive and permanent staff. The partnership with Medacs to recruit internationally for doctors continues. Within Anaesthetics, the contract has been extended for internationally recruited doctors who have demonstrated their abilities since they arrived 12 months ago. In relation to Ophthalmology, two Consultants have recently been appointed and locum appointments to address the issue in the short term will continue.

The most significant Consultant vacancy is 2 vacant orthogeriatrician posts (cluster 2). These posts are currently being filled by long term locums and the substantive posts have been approved by the RCP and are out to advert.

The medical SpR is the most senior medical team member on site between 10pm-8am. They lead the cardiac arrest team as well as leading the medical on call and therefore are pivotal to delivery of safe medical care for inpatients and emergency admissions.

From July 2019 to September 2019 there are a number of unfilled posts due to combination of factors (unfilled posts with the deanery recruited training posts, transfer of training out of the south London deanery and restricted working due to pregnancy). The number of gaps in the 12 person medical SpR rota for July 2019 is 1.5WTE, 4.5 WTE gap in August 2019 and 3 WTE gaps in September.

This translates into 47 vacant shifts: 16 day shifts and 31 night shifts over the 12 week period.

A number of mitigating factors have been adopted including prioritising night shifts, maximising the ability for existing trainees to take up additional shifts, working with the executive team to gain permission to escalate the bank rates, and working with bank partners to recruit both short term Registrar and Consultant locums to cover the gaps.

These actions have resulted in a reduction in vacant shifts to 24 (13 day shifts and 11 night shifts), but despite the improvement this still represents a risk that these shifts remain unfilled. The only alternative in this situation would be a requirement of substantive Consultants to 'act down' with a subsequent loss of scheduled work and a cost implication.

Job Planning

The roll out of ejob planning is almost completed. There is now a clear process whereby the Clinical Leads can authorise the job plan at the first level followed by the Cluster Directors and then Chiefs. In the vast majority of cases the job plans have been agreed and are awaiting the sign off process.

E-Rostering

The Trust is investing over £500K in electronic rostering for medical staff and the project will begin its roll-out in September. This is a 2-3 year project and when completed will provide the ability to manage rosters, absence and oncall through a single system, staff will be able to manage their own rota through an electronic app and the Trust will be able to link clinical activity to job plans.

Workforce Committee

The Trust Workforce Committee continues to provide oversight on medical staffing issues in the context of the Trust's overall workforce strategy.

Allied Health Professionals (AHPs)

Table 2 below indicates the workforce establishment and vacancy position for AHPs.

Table 2

KHFT Staff Group	Qualified AHPs		
Row Labels	Sum of Budget WTE	Sum of Actual Wte	Sum of Vacant WTE
396 Central Directorates	0.90	0.70	0.20
396 Cluster C	0.90	0.70	0.20
396 Human Resources Directorate	0.90	0.70	0.20
396 Planned Care Division	13.08	10.23	2.85
396 Cluster 4	9.90	9.31	0.59
396 Ophthalmology SL	8.90	8.31	0.59
396 Oral & ENT	1.00	1.00	0.00
396 Cluster 5	0.30	0.00	0.30
396 Paediatrics & NNU	0.30	0.00	0.30
396 Cluster 6	2.88	0.92	1.96
396 Anaesthetics, Theatres & DSU	1.58	0.92	0.66
396 Trauma & Orthopaedics	1.30	0.00	1.30
396 Unplanned Care Division	151.15	138.94	12.21
396 Cluster 1	1.00	1.60	-0.60
396 A&E	1.00	1.60	-0.60
396 Cluster 2	92.06	87.78	4.28
396 Diabetes SL	0.60	0.80	-0.20
396 Elderly Care	1.00	0.80	0.20
396 Respiratory	1.00	1.00	0.00
396 Therapies	89.46	85.18	4.28
396 Cluster 3	58.09	49.56	8.53
396 Imaging	58.09	49.56	8.53
Grand Total	165.13	149.87	15.26

Although the number of vacancies in the Therapies team is less than 5%, it is over 15% in Imaging. It is also understood that concerns have been expressed about the supply and availability of Occupational Therapists. As part of the continued roll-out of Health roster, e-rostering is also being extended to Physiotherapists from August and to all AHP clinical areas by the end of the year.

Conclusion

The Trust has made significant progress with implementing the recommendations from the Developing Workforce Safeguards, whilst balancing the resources it has within the financial envelope. As outlined within this paper significant progress has been made to reduce the vacancy and turnover rate within nursing, midwifery and medical staffing. However, this is challenging on both a national and local level due to particular issues within our local demographic centre around being a high cost living area, changes in training and being so close to other Hospitals offering a higher London weighting payment. Overseas recruitment remains a valuable source of recruiting nurses and is being further explored within medicine. Whilst the development of the NA has been positive, recruiting suitable candidates to undertake the training is proving challenging.

Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short and long term staffing shortfalls, it can be concluded that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities.

5. Recommendations

The Trust Board is asked to:

- a) Note the progress made with the implementation of the new '*Developing Workforce Safeguards*' recommendations.
- b) Be assured there is a robust process in place to review safe staffing across nursing, midwifery, medicine and AHP.
- c) Note the continued improvement in vacancies and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall and sustainability.
- d) Note the on-going progress made with medical staffing to bridge the SpR and Consultant shortfall.

Appendix 1 – Safer Staffing Ward & Shift Analysis – June 2019

Ward	Day Staffing Rate - RN/MW	Day Staffing Rate - HCA	Night Staffing Rate - RN/MW	Night Staffing Rate - HCA	Care Hours Per Patient Day (CHPPD)
AAU	95.6%	103.9%	95.9%	105.4%	8.4
Alexandra Ward	119.7%	85.0%	123.3%	193.3%	6.0
Astor Ward	106.3%	89.1%	102.2%	92.9%	5.9
Blyth Ward	27.4%	23.8%	33.3%	36.7%	8.6
Bronte Ward	93.4%	152.4%	98.9%	98.3%	5.3
Cambridge Ward	109.8%	113.8%	92.0%	115.3%	27.9
Canbury Ward	140.4%	108.5%	105.3%	126.7%	11.9
Critical Care Unit	91.4%		93.4%		26.9
Derwent Ward	115.7%	111.0%	110.2%	195.5%	6.8
Hamble Ward	129.3%	129.9%	145.2%	126.7%	7.3
Hardy Ward	112.6%	136.5%	106.7%	186.7%	6.3
Isabella	87.2%	144.7%	74.4%	1439.1%	6.7
Keats Ward	112.1%	105.0%	108.8%	98.3%	6.7
Kennet Ward	97.0%	134.2%	100.1%	168.9%	6.5
*Neonatal Unit	93.7%	80.0%	104.0%	48.3%	12.2
Paediatric Unit	98.7%	97.5%	100.8%	44.6%	11.9
Maternity	93.9%	72.3%	97.5%	71.7%	14.9
Trust Average	97.9%	100.6%	97.9%	107.7%	8.6

- Roster template has been reviewed by the HON for planned care and the HCA

Appendix 2 – Average trained nurse to bed ratio for June 2019

Ward	Average RN number on day shift	Average RN number on night shift	Av. Occupied Beds	Average patients to RN Day Shift Ratio	Average patients to RN Night Shift Ratio
AAU	10.1	8.7	47.7	4.7	5.5
Alexandra Ward	4.7	2.8	21.3	4.5	7.6
Astor Ward	4.8	2.9	23.0	4.8	8.0
Bronte Ward	6.1	3.1	29.3	4.8	9.5
Cambridge Ward	5.5	3.0	26.0	4.7	8.7
Canbury Ward	2.0	1.9	14.2	7.1	7.4
Critical Care Unit	11.1	11.2	8.5	0.8	0.8
Derwent Ward	4.4	2.9	29.8	6.8	10.3
Hamble Ward	5.2	3.5	30.0	5.7	8.6
Hardy Ward	3.7	1.9	16.0	4.3	8.4
Isabella	3.2	2.0	15.0	4.7	7.4
Keats Ward	4.4	2.7	27.3	6.3	10.0
Kennet Ward	4.1	2.7	25.7	6.3	9.5
Neonatal Unit	3.7	4.1	4.7	1.3	1.2
Paediatric Unit	5.8	3.9	9.9	1.7	2.5