Report to:	People's Committee	Agenda item:	
Date of Meeting:	March 2021		

Title of Report:	Six Monthly Safer Nurse and Midwifery Staffing Report
Status:	To discuss
Board Sponsor:	Lisa Cheek, Director of Nursing and Midwifery
Author:	Ana Gleghorn, Associate Director of Nursing and Midwifery
Appendices	1: Nursing and Midwifery Staffing Risks on the Trust Risk Register

1.	Executive Summary of the Report

This report provides an update of the progress the Trust has made against the National Quality Board expectations (2016) since the previous Safer Staffing report to the Board in September 2020.

- The overseas recruitment initiative has seen 165 nurses arriving from the Philippines since August 2018, 135 of these nurses have successfully registered with Nursing and Midwifery Council (NMC).

- The Trust continues to see a decrease in the number of band 5 vacancies over the last 12 months falling from 122.6 WTE to 87.7 WTE by December 2020.

- During 2020 it was agreed Nursing Associates could administer insulin safely and in a timely manner to type 1 & 2 diabetics via subcutaneous route using insulin pens. Teaching materials and competency assessment have been developed in the Trust to support this initiative.

- A bespoke medication management module for the Assistant Practitioners was developed jointly by nursing, pharmacist and library staff. There were 15 applicants, who have all passed the theoretical component and 5 of whom have completed the practical element and are now administering medications as part of their role.

- Two funding bids from NHSE/I were secured to support International Recruitment. The first bid provided additional funds of £49,120 to expedite 32 overseas nurses in our pipeline to start between October 2020 and January 2021. The second bid provides £12,350 to provide English language training and one English language exam for 19 HCA's who were recognised as registered nurses in their home countries.

- In addition funding from NHSE/I has been secured to reduce the Health Care Support Worker vacancies. £107,000 was awarded to support the whole process from the recruitment campaign through enhanced on-boarding and competency assessment.

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- The Continuous Practice Development opportunities sought by staff continue to be supported via the National CPD Fund. By the end of the financial year, the Trust will have a spend plan for all national funds allocated.

- Two Registered Nurse Apprenticeship programs are being explored, both of which have secured some Health Education England funding to support the salary costs. One of these programs would support Nursing Associates to become Registered Nurses following a two year apprenticeship.

2.	Recommendations (Note, Approve, Discuss)

The Board is asked to note the improving picture in the reduced number of nurse vacancies and the success of the overseas recruitment initiatives and to note the continued and sustained emphasis on recruitment and retention of staff.

3.	Legal / Regulatory Implications

It is recommended good practice following the Chief Nurse Compassion in Practice 2012 and Francis Report 2013 that NHS Trusts should report to the Board every 6 months regarding safer nursing and midwifery staffing levels.

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). Regulation 18 (staffing) sets out the requirement for sufficient numbers of suitably qualified, competent, skilled and experienced staff.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

Despite the continued improving picture regarding Band 5 nurse vacancies, the staffing remains a risk on the Trust Risk Register. This is detailed in the report.

A failure to demonstrate safe levels of staffing could impact on the delivery of safe patient care and could risk the Trust's registration with the Care Quality Commission.

5.	Resources Implications (Financial / staffing)

Resources and financial implications will be addressed as part of the Trust's Business Planning Cycle, informed by Divisional reviewed priorities.

6.	Equality and Diversity

Compliance with the Equality and Diversity Policy.

7.	References to previous reports

Six Monthly Safer Staffing Report December 2019.
Trust Risk Register

8.	Freedom of Information

Public

Safer Staffing Board Report March 2021

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Six Monthly Safer Nurse and Midwifery Staffing Report

September 2020

Following the launch of the Chief Nurse Compassion in Practice (2012) and publication of the Francis report in 2013 it is recommended good practice that all NHS organisations report nursing and midwifery staffing levels to their Board every six months. This report serves as the six monthly review at the Royal United Hospital Foundation Trust.

This report covers safer nurse and midwifery staffing across the Medical, Surgical and Women and Children's Divisions. The purpose of the report is to provide the Board with assurance the Royal United Hospital is compliant with National Quality Board (NQB) guidelines and recommendations as outlined in table 1. (NQB 2016) The report is organised under three main themes, Right Staff, Right Skills, Right Place and Time.

Table 1- NQB: Safe, Sustainable and Productive Staffing

Expectation 1	Expectation 2	Expectation 3
RIGHT STAFF	**RIGHT SKILLS**	**RIGHT PLACE AND TIME**
Evidence based workforce planning	Mandatory training, development and education	Productive working and eliminating waste
Professional Judgement	Working as a multi-professional team	Efficient deployment and flexibility
Benchmarking speciality at a national level	Recruitment and Retention	Efficient employment and minimising agency

Expectation 1 Right Staff

1.1 Evidence Based Workforce

NICE guidance recommends adult ward staffing levels are reviewed at least every 6 months using an evidence based tool. The Trust purchased the on line ALLOCATE SafeCare tool in 2019. SafeCare has been endorsed by NICE and along with the staff rostering ability it also has an acuity and dependency tool within the programme. Unfortunately, due to the pandemic, the decision was made to temporarily pause the roll out plan. The revised rollout agreed in August has been successfully implemented with all inpatient areas now live on Allocate.

The Trust has continued to use the Shelford Nursing Care Tool (SNCT) on adult inpatient wards every 6 months (February and August) as a 'snap shot' over 20 days, deliberately chosen to capture winter/summer trends.

The results of the SNCT are carefully considered by the senior nursing team prior to making any final recommendations, involving the Director of Nursing and Midwifery and the Associate Director of Nursing and Midwifery in these discussions.

1.1.1 Medical Division SNCT Results and Discussion

Table 1 – Medical Division				
Ward	**No: beds**	***Funded Est: wte**	**Suggested Est: wte**	**Variance wte**
ASU	27	55.09	35.18	**19.91**
ACE	27	48.03	31.51	**16.52**
Respiratory	33	46.36	31.75	**14.62**
Haygarth	27	40.98	27.57	**13.41**
Cheselden	22	33.24	20.98	**12.26**
Helena	17	32.56	21.37	**11.19**
Combe	26	41.77	33.51	**8.26**
Waterhouse	24	38.49	30.88	**7.61**
CCU	8	20.82	13.97	**6.85**
Parry	28	35.94	32.33	**3.61**
MSS	18	23.72	22.42	**1.30**
Cardiac	36	47.01	Nil Return	
Midford	30	45.69	Nil Return	
			Total variance	**115.54**

There is a difficulty comparing the results from February with those from the audit in August 2020 as the occupancy levels on the wards was reduced due to social distancing and the impact of the COVID-19 pathways. Approximately 100 beds were closed to support social distancing from August onwards.

There was also a change in the functionality of some of the wards which impacted on the skill mix requirement. For example; Medical Short Stay became a general medical ward and then a COVID-19 ward.

Ward	**Occupancy**
MSS	94%
CCU	89%
Waterhouse	85%
Combe	82%
ACE	81%
ASU	81%
Helena	79%
Haygarth	75%
Cheselden	73%
Parry	71%
Respiratory	65%
Cardiac	
Midford	

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Recognising neither Cardiac nor Midford submitted data in August – the Matron will ensure this information is collected for the February audit and consistency review.

The ward skill mix and staffing numbers are currently being reviewed for 2021-2022 budget setting.

1.1.2 Surgical Division SNCT Results and Discussion

Table 2 - Surgical Division				
Ward	No: Beds	*Funded Est: wte	Suggested Est: wte	Variance wte
Robin Smith	28	40.02	9.74	30.28
Pulteney	30	44.86	31.10	13.76
Forrester Brown	28	41.42	32.59	8.83
Philip Yeoman	20	26.81	25.06	1.75
Pierce		Decommissioned		
			Total variance	54.62

Similar to the findings in Medicine, the results are inconsistent with those seen in February primarily as a results of reduced elective activity, social distancing and the impact of COVID-19 pathways.

Ward	Occupancy
Pulteney	82%
Robin Smith	28%
Forrester Brown	73%
Philip Yeoman	74%

The findings demonstrate the overall gap between required and funded establishment has increased by 31.9wte to an over establishment of 54.62wte. It is worth noting this makes the comparison to previous data collections difficult.

In August 2020 ward pathways had changed due to COVID-19 demand and the reduction in elective activity. Philip Yeoman ward were non elective rather than elective. Pulteney ward 100% non-elective and Robin Smith ward changing to 100% elective, as the Green elective pathway ward.

Managing bed capacity as part of the pandemic planning involved the creation of additional capacity to support the need for additional Critical Care beds. A second Critical Care Unit with the ability to accommodate an additional 15 patients was commissioned and accommodated using Pierce Ward. This formed part of the Trust surge planning for Critical Care.

The staffing model required additional staff to support the care of additional patients. Staff from other areas within the Trust were able to be released to support Critical Care, these staff underwent additional training and support to allow them to care for critically ill patients and also provide support to the wider team. In addition the matron was released from Trust wide duties to focus on managing the service.

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The role of a clinical manager was introduced to support the Critical Care team and also manage the increased workforce and monitoring of staffing numbers against patient dependency. This information is reviewed by the division and Trust 4 times a day through the tactical Critical Care update allowing clinical decisions on staffing and mutual aid to be made.

No changes to establishment were made at budget setting for these areas in 2020/21.

The introduction of Allocate and Safe Care for all the surgical areas towards the end of 2020 will contribute to an increased picture of acuity/dependency on a daily basis that supports review of ward establishments. Safer Care will include areas previously not included in the SNCT audits such as Surgical Short Stay and Surgical Assessment Unit.

The Divisional Director of Nursing for Surgery and the respective teams will review establishments at budget setting for 21/22 with a greater understanding of patient profile and staffing requirements following the changes to ward pathways.

1.1.3 Women's and Children's SNCT Results and Discussion

Table 3 – Women & Children's Division				
Ward	No: Beds	*Funded Est:	Suggested Est:	Variance
William Budd		40.67	24.55	16.12
			Total variance	16.12

Due to the impact of social distancing requirements and responsiveness to the COVID-19 pandemic, the results for William Budd ward need to be viewed with caution. Going forward Safe Care will demonstrate the acuity / dependency requirements daily, enabling the Matron and ward sister to have good oversight of the daily staffing requirements, escalating when required to ensure safe care. During the pandemic staffing requirements have varied in terms of supporting socially distanced beds and also supporting staff shielding, isolation and sickness. The matron has oversight of the department staffing and will ensure staff are placed appropriately in terms of patient safety. If available and the acuity allows, on occasions the staff have been able to be redeployed at short notice to support the wider divisional and trust needs

1.1.3a Paediatric Services

To support safe staffing across Children's Services the Senior Sister or nurse in charge, supported by the Senior Matron for Paediatrics and Neonatology deploy nursing staff across Paediatrics and the Neonatal Unit. This flexible way of deploying staff remains very efficient.

Since March 2020 the Paediatric Ward has been capturing data through Safe Care. There has been a divisional focus on paediatric nursing recruitment and a focus for the division in terms of support. The teams have seen a positive response in terms of recruitment and there is ongoing work regarding retention of staff in view of supporting flexible working patterns and development pathways for staff.

1.1.3b Neonatal Unit (NNU)

The Neonatal Unit (NNU) staffing is captured on a Badgernet database twice a day, the staffing levels and acuity are defined by the BAPM (British Association of Perinatal Medicine)

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staffing toolkit. The data is analysed using the Dinning neonatal staffing tool and audited by the National Neonatal Audit Programme (NNAP).

There is flexibility in the workforce as the Neonatal Outreach team are able to offer support to the unit at times of staff shortages, together with support from staff on the paediatric ward. A staffing review and plan has been performed by the South West Neonatal Operational Delivery Network and a local review is taking place to make additional plans to ensure the NNU supports the staffing levels defined by the BAPM using the Dinning staffing tool. The review by the South West Neonatal Network showed.

	Funded Establishment: wte	Suggested Establishment: (average 80% occupancy) wte	Variance:
Total Nursing Staff	46.96	45.82	1.14
Total Registered Nurses	35.40	39.25	-4.38
Total Qualified in Specialty	21.40	27.85	-6.45
Total Non-Qualified in Specialty	14.00	11.93	2.07
Total Non-Registered	11.56	6.04	5.52
Registered Nurses as % Nursing Staff	75.4%	86.8%	
QIS as % Registered Nurses	60.5%	70%	

Furthermore to support both the medical and nursing teams on the Neonatal Unit are 5WTE Advanced Neonatal Nurse Practitioners (ANNP) and a further two in training and 1 WTE Consultant Neonatal Nurse.

1.1.3c Maternity Services

Maternity services continue to review workforce with the Birth Rate plus system method for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings. In addition the services continue to work towards implementing the Better Birth (National Maternity Review), with regards to implementing Continuity of Carer models of care to meet the ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth. These new models require a different approach to staffing in order to ensure availability of staff to continue the care for a caseload of women and families. Current data shows the trust is supporting over 50% of women being cared for on continuity pathways.

1.1.3d Midwife to Birth ratio

The Trust reports monthly the Midwife to Birth ratio. The ratios are reviewed against the recommended mean national ratio of one whole time equivalent (WTE) midwife per 29.5 births. The midwife to birth ratio is calculated using the planned establishment rather than the actual staffing numbers, therefore as a result of the unpredictability there is a significant range on paper.

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RUH Bath Maternity Dashboard					2019/20			2020/21								
	No.	NI	Indicator	Goal	Red Flag	Source	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	54	A6	Midwife:Birth Ratio	1:29.5	>1:35	National	01:30	01:34	01:27	01:32	01:32	01:30	01:31	01:30	01:31

The Ockenden review 2020 (Shrewsbury and Telford Hospital NHS Trust) outlines the learning and the immediate and essential actions for the Trust and the wider system to improve safety in maternity services across England. The report includes seven immediate and essential actions and as part of the assurance and assessment required refers to the maternity incentive scheme. Now in its third year, the maternity incentive scheme supports the delivery of safer maternity care through an incentive element to support the contributions to the Clinical Negligence Schemes made by Trusts. Safety Action 5 refers to the ability to demonstrate an effective system of midwifery workforce planning to the required standard. As a service Maternity has plans in place to ensure we are working towards these recommendations and were required to confirm to NHS England and NHS Improvement a plan was in place to ensure maternity was working towards the Birth Rate plus standards. This standard currently recommends an additional 5.82 WTE clinical midwifery staff are required to achieve compliance, we are currently exploring ways to achieve this. We are also awaiting a review of the Trust birth rate plus report from the national teams to reassess in terms of being able to provide continuity of carer pathways.

1.1.3e Acuity and Dependency

Birthrate Plus® continues to be the only tool offering the intelligence needed to be able to model and calculate midwifery numbers. This tool supports the use of the maternity escalation policy and opel status specific for the services. An Opel 3 or 4 status triggers communication to the trust site office for information sharing purposes. A further analysis using the birth rate plus tool is being requested to review the workforce in terms of supporting the Continuity of Carer agenda.
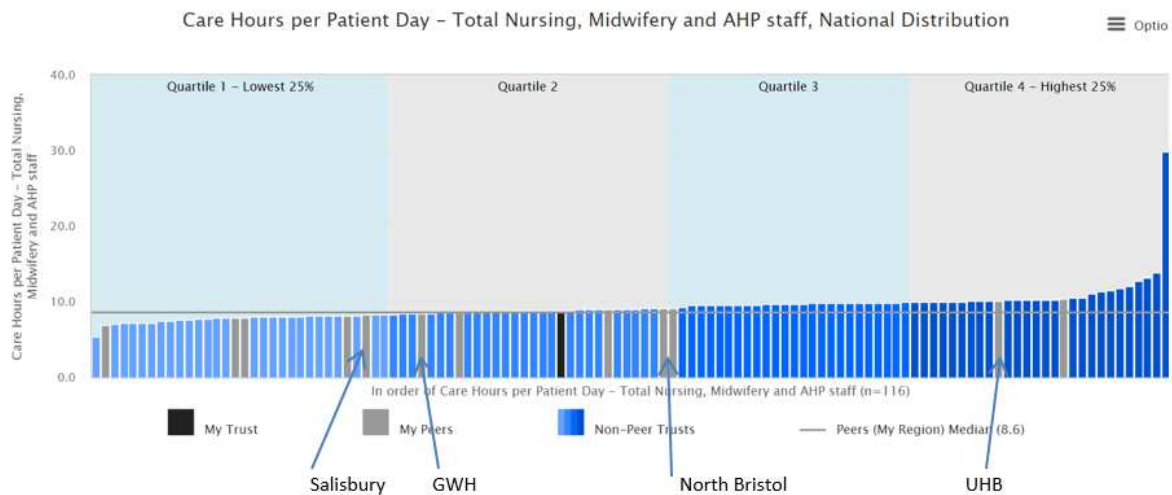
1.1.4 Benchmarking at National Level

Care Hours Per Patient Day (CHPPD) was recommended in the Carter Review and is provided in the Model Hospital dashboard as a standardised model for Trusts to benchmark against. From August 2019 ward therapy hours were included as contributing to the nursing care model.

The Trust has a value of 8.9; compared with the national median of 9.1, and the peer median (South West Trust) of 8.6 (BSW footprint is 8.5)

Chart 1 illustrates the RUH CHPPD from model hospital, last updated in October 2020.

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Care Hours per Patient Day – Total Nursing, Midwifery and AHP staff, National Distribution

Expectation 2 Right Skills

2.1 Mandatory Training Development & Education

As stated in the Trust's Mandatory Training Policy:

- All staff are required to be compliant with mandatory and essential training for their role to support the delivery of safe effective services in their area of work.

- The Trust is committed to ensuring adequate provision is made for mandatory training and for staff to be released to attend such training.

- Subjects are defined for reporting purposes as 'statutory and mandatory' or 'essential for role – patient safety'

- Subject compliance is reported from STAR reports and shows the percentage of relevant staff who are compliant with training in each mandatory subject. A suite of reports is available to HR business partners to enable divisions to monitor compliance.

- Monthly training compliance reports are provided by Learning & Development to Management Board and Strategic Workforce Committee for monitoring.

The new Trust Induction Programme has been in place since in April 2020 and has been successful and timely in terms of the restrictions of the COVID-19 response, as it enables a more flexible approach with more information and training accessible online. However, coinciding with the COVID-19 outbreak has not made the roll-out easy for managers with limited time and capacity to get to grips with a new process. Learning and Development have responded to feedback and supported managers to improve understanding of the new process. This has included a dedicated inbox for induction queries, web pages with specific info for managers and staff and a short video created to point managers to the guidance. Improvements are ongoing in response to feedback from managers and staff.
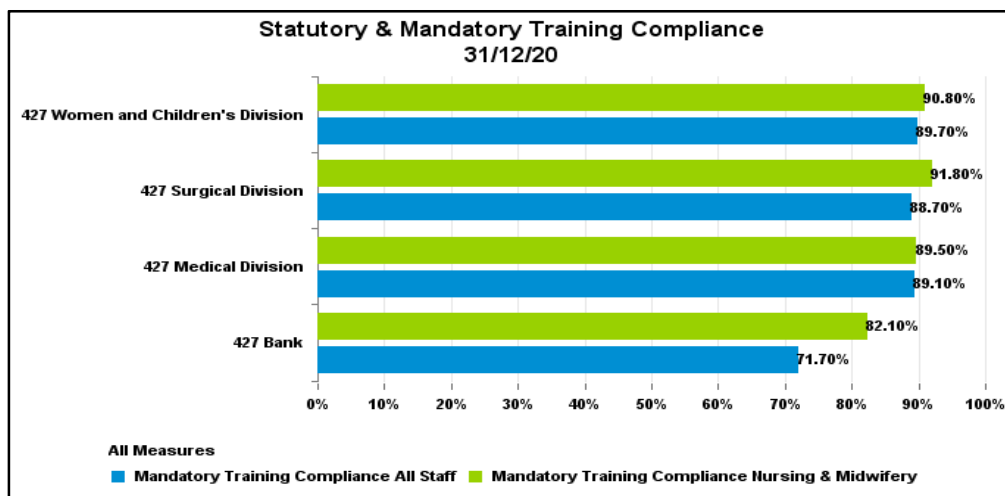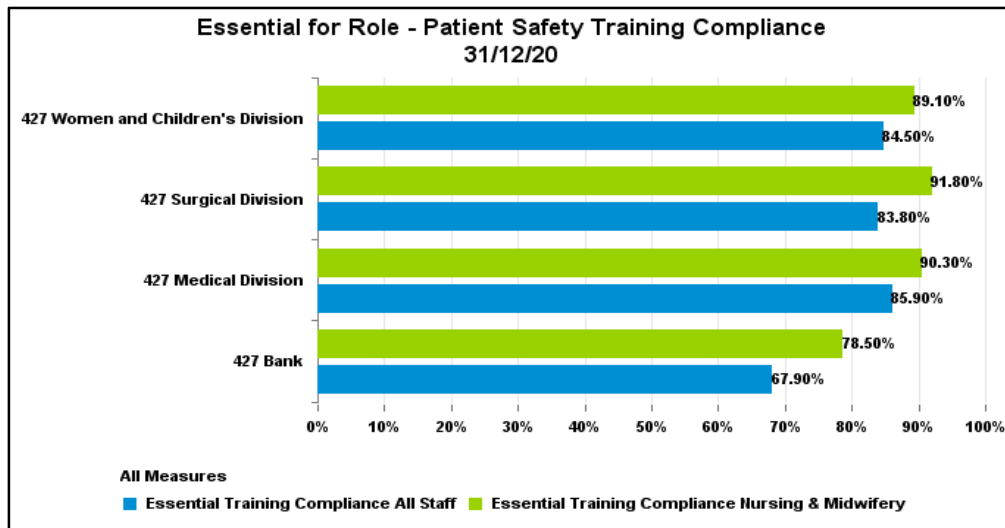
In November 2020 Acute Kidney Injury (AKI) was added to STAR as a new 'essential for role – patient safety' subject following the successful development of eLearning and compliance is above the target set in the agreed trajectory.
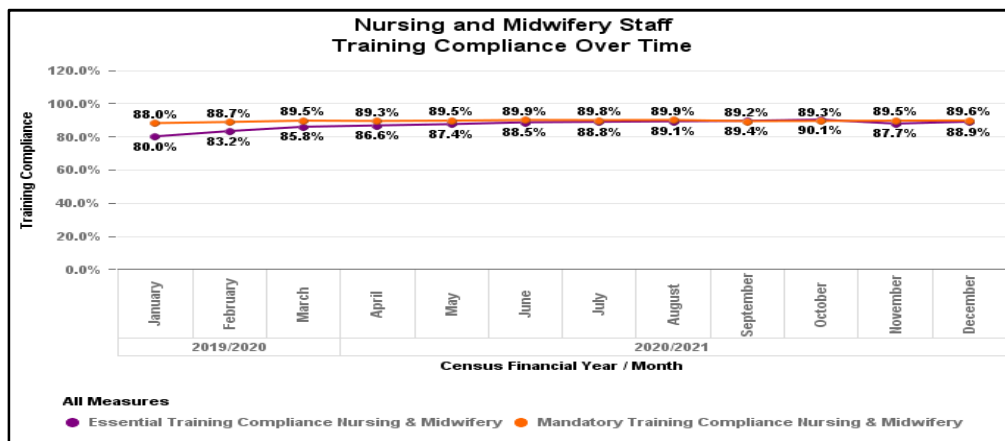
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Training in subjects normally reliant on face-to-face delivery has been heavily impacted by the restrictions of social distancing requirements and since December many classes have had to be cancelled, thus impacting compliance. Where possible, alternative methods of delivery have been developed, such as using MS Teams and video. In addition the Trust is looking to procure a staff training program which will upskill staff in the area of virtual training.

The graphs below summarises mandatory and essential training compliance for nursing and midwifery staff as at 31/12/20.

Mandatory and Essential Training Compliance

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Nursing and Midwifery Staff Training Compliance Over Time

Essential Training Compliance Nursing & Midwifery (purple): 80.0%, 83.2%, 85.8%, 86.6%, 87.4%, 88.5%, 88.8%, 89.1%, 89.4%, 90.1%, 87.7%, 88.9%

Mandatory Training Compliance Nursing & Midwifery (orange): 88.0%, 88.7%, 89.5%, 89.3%, 89.5%, 89.9%, 89.8%, 89.9%, 89.2%, 89.3%, 89.5%, 89.6%

2.1.1 Preceptorship

The Trust offers a structured 12-24-month preceptorship programme to all newly qualified registered staff when they join the nursing, midwifery and AHP team.

There are currently 185 active preceptees in the Trust across all health care professions of which 142 are within nursing including 69 are international nurses and 17 are Nurse Associates. Work is underway to review the preceptorship program and scope alternative approaches.

2.1.2 Pre-registration Nursing and Midwifery

The Trust support student nurses and midwives on the pre-registration degree programmes. Since September 2020 the Trust has supported 123 student nurses in adult, children's and mental health nursing and 58 student midwives. Student nurses are hosted in 37 departments across the Trust. 100% of placement Audits are complete. 54 paid placement student nurses from 8 Universities and 18 paid placement for student midwives from UWE completed their placements by mid-September 2020. In January 2021 60% more first year student nurses and midwives have commenced their placements in the RUH compared to previous years. 4 final placement students completed between September and December 2020 of which 1 has taken a Registered nurse post in the RUH. In midwifery there were 5 final student placements completed since September and of these 4 successfully secured employment within the Trust

From summer 2020, almost all students are following the latest NMC 'Future Nurse' Programme aiming to meet the NMC 2018 standards of proficiency for registered nurses. As part of this, mentors who support and assess students in practice have been replaced by Supervisors and Assessors. So far 225 staff have completed training transitioned to become Supervisors and/or Assessors. With a further 45 members of staff currently completing the UWE module. Likewise within midwifery, staff are prepared to implement 'My Future, My Midwife; Transforming midwifery care for everyone' from August 2020, all 58 student midwives were allocated a named assessor prior to commencing their clinical placement.

Furthermore the Trust is working with the University of Gloucester to recruit local students onto a 3 year pre-registration nursing programme. Placement and practice support will all be delivered in Bath. The first cohort of 20 students, originally due to start in January 2021 are delayed to September to allow for the marketing campaign to attract the number of students required.

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2.2 Working as a multi-professional team

2.2.1 Nursing Associates and Assistant Practitioners

Nursing Associates (NAs) contribute to the Registered Nurse staffing establishment staff. They are trained via a 2-year Apprenticeship route to meet the NA part of the NMC Register, which opened on 28th January 2019. Until May 2020 the Trust had 14 registered NAs and 41 in training. In June 2020,14 of those in training qualified.

The NAs are able to administer all medications except IVs and can 2nd check controlled medications. Their roles are monitored and reviewed through a Project Board and during summer 2020 it proposed and agreed the NA's could administer insulin safely and in a timely manner to type 1 & 2 diabetics via subcutaneous route using insulin pens. Teaching materials around insulin injection and patient competency assessment have been developed in the Trust to support this additional task.

Many wards have employed Band 4 Assistant Practitioners (AP) within their nursing teams. These healthcare professionals have a foundation degree in health and social care and have achieved clinical competencies pertinent to their clinical specialty. They are not registered with the NMC and many cannot administer medicine in the same way as Nursing Associates. However during 2020 a bespoke medication management module for the AP's was developed jointly by nursing, pharmacist and library staff. This was approved through the Trust Medicine Advisory group and on completion APs are allowed to administer the same level of medications as NA's.15 APs have completed the module and passed the final exam. Of these, 5 have completed the Trust training and have expanded their role. Full completion is registered on ESR.

The 2 year training for Nursing Associates continues to be developed and placement opportunities expanded. In November newly created placement area with the 'Home First' service was developed as a placement area to provide community experience and learning. This placement has been set up jointly with our AHPs and Nurse Development teams and allows staff to practice and learn alongside therapists whilst providing care and rehabilitating for patients in their own homes. 8 more staff have been recruited to commence the 2 year NA training programme starting in March 2021.

2.2.2 Return to Practice

The Return to Practice for nursing and midwifery programme has been revised. Funding availability is via Health Education England (HEE) of £1000 stipend payment to those undertaking the programme. The UWE tuition fee will be paid directly from HEE to UWE. In December the RUH interviewed one suitable candidate to start this month, however this candidate has delayed starting. Joint advertising and interviews are planned across BSW and UWE. A first joint coffee morning is planned for January 2021

2.2.3 Ward Therapists

Following last year's budget setting, there was 1 ward (Combe) who has kept a ward therapist within their nursing budget. Whilst all wards agree the role of the ward therapists is highly beneficial to our patients, almost all are now fully recruit to their RN vacancies.

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2.2.4 Nurse Practitioners

The medical and surgical divisions utilise the skills of medical (MNP) and surgical (SNP) nurse practitioners. The nurse practitioners work alongside the medical and surgical teams but remain professionally accountable to nursing. Within the medical division there are 45 MNP's based over the wards. In surgery there are 6 advanced orthopaedic practitioners (AOP) in trauma and orthopaedics and 6 SNP's across urology and general surgery. Critical Care Services (CCS) has 2 advanced critical care practitioners (ACCP) and a further 2 currently in training. Similarly, in the neonatal unit, there are 6 qualified advanced neonatal nurse practitioners (ANNP) and a further 2 currently in training.

2.3 Recruitment and retention

2.3.1 Recruitment

The Trust continues to see a steady decrease in the number of band 5 vacancies over the last 12 months falling from 122.6 WTE in January to 87.7wte WTE by December 2020.

Graph 1 Band 5 Nursing Vacancies WTE
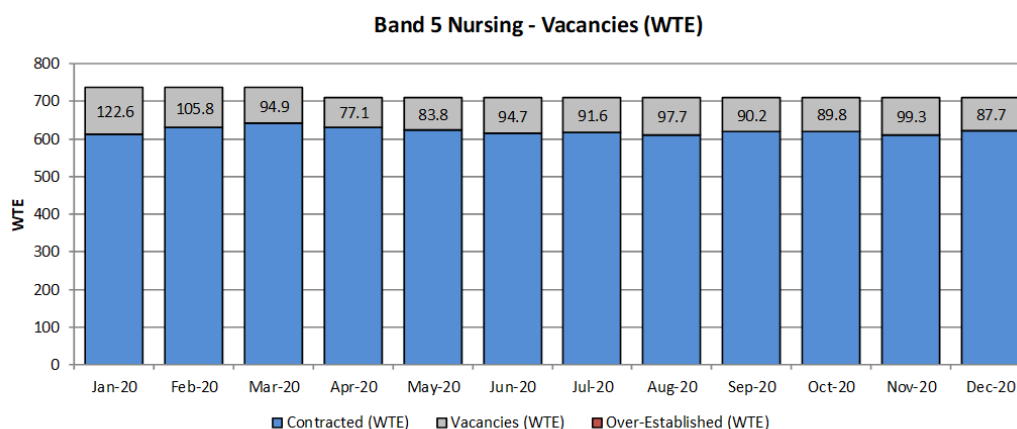
The successful overseas recruitment initiative has seen 165 nurses arriving from the overseas since August 2018, 135 of these nurses have successfully registered with Nursing and Midwifery Council (NMC). The nurses are supported by a clinical practice facilitator until they obtain their NMC registration, approximately 14 weeks from their start date. Since the Trust started offering the in-house OSCE training the pass rate at first attempt remains high.

The Trust secured two funding bids from NHSI&E. The first provided additional funds (£49,120) to expedite 32 overseas nurses in our pipeline to start between October 2020 and January 2021. The second (£12,350) was to provide English language training and one English language exam for 19 HCA's who were recognised as registered nurses in their home countries. A program to support these HCA's has been developed with the aim of supporting them through OSCE training to NMC registration. The English Language funding has been extended until 31 January 2021 and it is anticipated some additional applications for funding will be requested.

In addition the Trust has secured funding from NHSI/E to address the Health Care Support Worker vacancies. The money awarded was calculated on the vacancy position reported in

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November 2020 and as a result have been allocated £107,000. These funds are there to support the process from the recruitment campaign through enhanced on-boarding and competency assessment. At the point of writing the report, work is underway to finalise the recruitment campaign material and approach with the view of going live at the end of January.

2.3.2 Retention

In September 2019, the Trust joined cohort 5 of the NHS England and NHS Improvement Retention Direct Support Programme. This is a clinically led programme aimed at supporting Trusts to improve their retention rates. The programme is supporting the Trust to build on existing retention work and refine our retention improvement plan. As part of this programme the Trust had been allocated a National Workforce Lead to advise and support our retention plans. An action plan was submitted and suggestions recorded. This work stream was paused during the first wave of COVID-19 but is planned to re-start when the pandemic demand reduces.

Retention and staff development is a priority to the Trust. Supporting staff to reach their full potential is key and to enable this, work is underway to gain an understanding from staff about their experience working in the Trust. In particular, we are keen to hear from our overseas colleagues who have joined as part of the overseas recruitment campaign. From here a strategy will be developed to support these staff with their career aspirations.

With regards to the National continuing professional development fund allocated by the Chancellor in 2019 as part of the Government's pledge to secure a sustainable future for the NHS. The Trust continues to support the opportunities sought by staff and whilst the capacity for some Universities has been a challenge, others have been able to move to virtual delivery which has enable staff to enrol on programs further afield. By the end of the financial year, the Trust will have a spend plan for the money allocated.

2.3.3 Widening Participation

In light of the pandemic, the young people provision of the experience of the workplace has been paused since March 2020. With the uncertainty of the functionality of the wards and their ability to host safely these young people, it was safer to postpone all visits to the Trust by young people.

Though the use of workplace and the Schools and College ambassador network, some of our clinical staff have provided invaluable contact with young people following direct request from schools, these sessions have been facilitated through Microsoft team/Zoom sessions. Although the requests were small initially, we did start to see an increase in requests prior to the lockdown in January 2021.

With regards to apprenticeships, uptake has increased in both the Senior Healthcare Support Worker Level 3 to Advanced Clinical Practice pathways and Team Leader L3 to Senior Leader Level 7. Through the Trust's apprenticeship provision, staff at all levels are developing their skills to enable then to access other career opportunities within the Trust.

In addition the Trust is exploring the possibility of providing two further apprenticeship opportunities. Following the introduction by HEE of the Registered Nurse apprenticeship and Nursing Associate / Assistant Practitioner top up apprenticeship, a paper outlining the potential benefits and costs has been presented at management board. Following feedback, further

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work to explore potential funding opportunities for the first cohort of each program is now underway.

Expectation 3 Right Time and Place

3.1 Productive working and eliminating waste

The Trust have extended the role of the Mental Health Coordinator to 2023. The priorities remain to review patients' mental health needs and coordinate access to appropriate mental health support. There continues to be a service level agreement in place with Avon and Wiltshire Mental Health Partnership (AWP) to use Band 3 mental health trained health care assistants (HCA) within the Trust. These staff members support patients primarily with 1:1 care who have a mental health or challenging behaviour need. Two members of staff are requested for days and nights from AWP. Requests for patients who are high risk and therefore require 1:1 specialist care are supported by Registered Mental Health nurse's (RMN) or where available AWP HCA's.

During the summer the RMN requests remained low and patients needing extra support were cared for by either Trust HCA's or AWP HCA's. Towards the end of the year COVID-19 has had an impact and the number of staff picking up shifts has declined.

From September onwards there has been an increase in the number of RMN requested due to a number of reasons. COVID-19 has impacted on the number of staff off sick and therefore wards have been unable to manage 1:1 requests within their own numbers. Also AWP has had a number of wards closed to admissions due to COVID-19. This has impacted on the length of stay for these patients needing transfer and therefore the number of 1:1 requests. During this time there has also been an increase of shifts not being filled from both RMN's and AWP HCA's, the unfilled shifts tend to be mid-week day shifts which the wards have been navigating by using staff from the ward team to provide the 1:1 care.
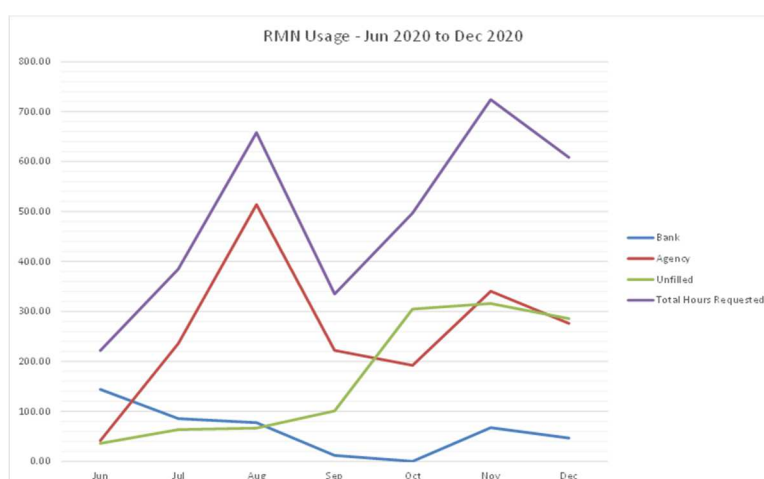
3.1.1 Trust Risk Register

As per NQB guidance, the Nursing and Midwifery Risks on the Trust Risk Register is included as appendix 1. There are two red risks and six amber staff related risks for the Trust. The Nurse and Midwifery Staffing Risks continue to be reported at the Nursing and Midwifery Workforce Planning Group

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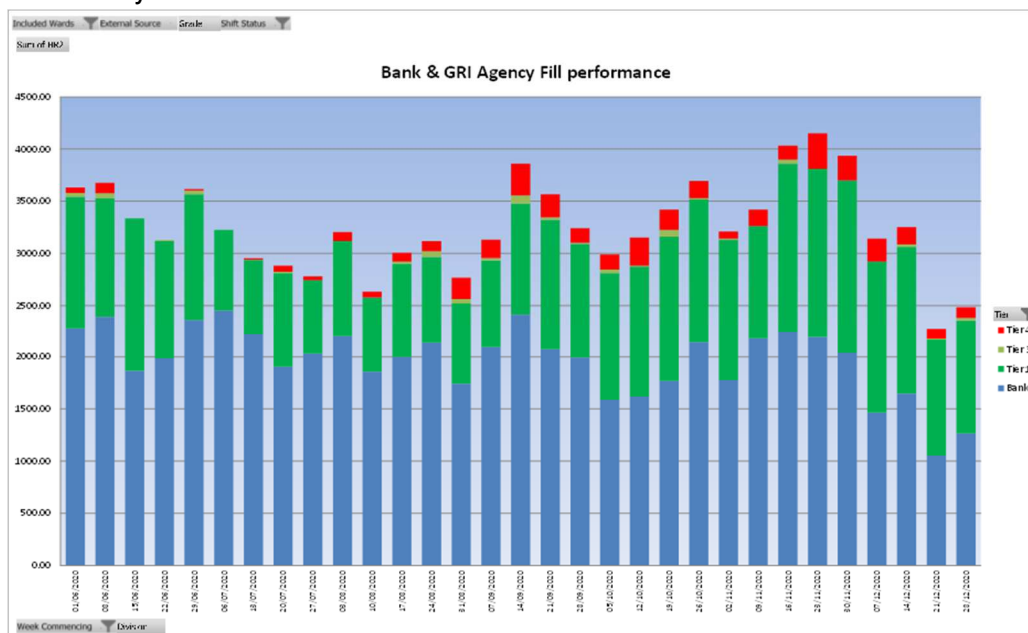## 3.2 Efficient Deployment & Flexibility

All in-patient adult areas are now live using SafeCare. SafeCare enables decisions around staff deployment to be made safely and effectively using real time patient acuity. Roll out of the new system hasn't been without its challenges which has resulted in the rostering team continuing to provide support to build confidence at department level and ensure consistency and accuracy with data entry. Via HealthRoster the matrons scrutinise all rosters, ensuring rosters are only published once key performance indicators are met.

3.3 Efficient employment, minimising agency use.

The Trust continues working in collaboration with neighbouring organisations to drive down the use of high cost agencies. The standard rate introduced in 2019 remains in place for Tier 1 agencies with positive results.   From December 2019, those local agencies which did not move to the standard rate card were restricted to booking shifts at the Trust to within 24 hours' of the shift start time and are referred to as Tier 3. However in light of the staff challenge posed by the current situation, it was agreed locally to increase this time frame to 72 hours.   In addition, Tier 4 agencies are being escalated at 24 hours where a red flag triggered a patient safety concern. These amendments have been shared with colleagues through the temporary staffing oversight group, chaired by the Director of People.

The Graph below details the bank and agency fill rate from June 2020 to the end of December and whilst the Trust continues to use Tier 3 and Tier 4 agencies, shifts are primarily filled by bank and Tier 1 agencies. Work to further reduce Tier 3 and 4 use continues across of the Divisions.

Last 6 months by week

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Last 6 months, by month
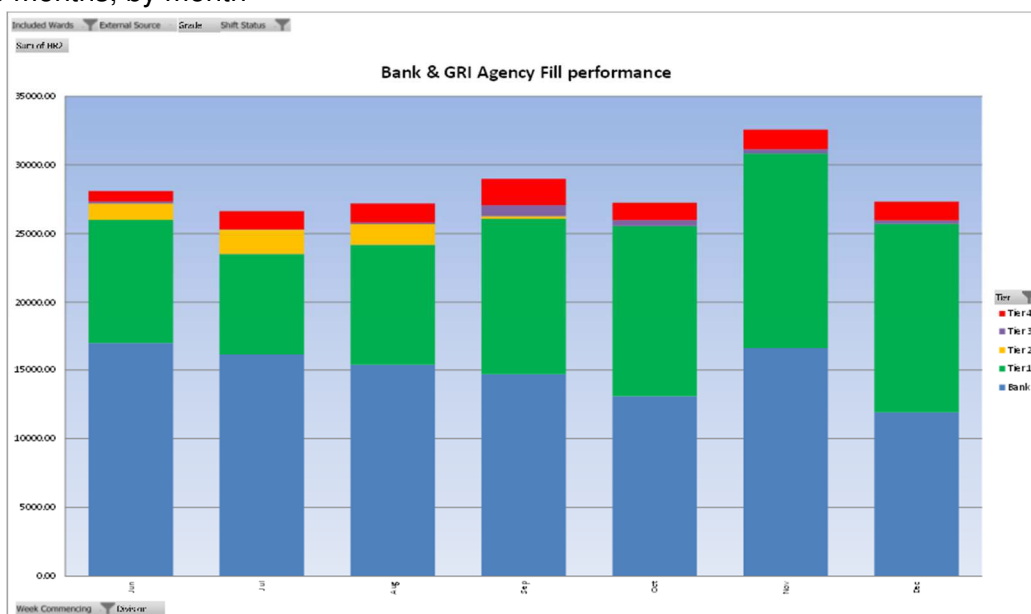
Summary

In summary, this report has captured the ongoing work priorities relating to safer staffing from across the three divisions, including the results of the most recent SNCT data collection. The Board has been updated on the work being undertaken to expand the workforce pipeline through new training opportunities and staff development programs. Increasing recruitment and retention of our workforce remains a priority and is reflected in the improving picture reported through the reduction in band 5 nurse vacancies. The Trust remains mindful nurse staffing continues to be a risk highlighted on the Trust risk register.

The Board is asked to note:

- The progress made with reducing the band 5 nurse vacancies.
- The collaboration with local organisations towards driving agency nurse costs down.
- The work of the widening participation team and collaborations across the Trust offering opportunities and inspiring future workforce.

Appendix 1 Nursing and Midwifery Staffing Risks on the Trust Staff Risk Register

ID	Assessment relating to	Existing controls in place	Current Risk Score
1255	Critical Care escalation (main recovery)	1. When the unit is approaching maximum occupancy the duty consultant and nurse in change will review all patients and select the most appropriate, least compromised patients to relocate to main recovery. 2. The duty consultant and nurse in charge remain clinically accountable for critical care patients in main recovery. 3. When the unit is approaching escalation the nurse in charge / clinical manager will review staffing and attempt to provide adequate staffing including within main recovery. All framework and non framework agency options are assessed to cover this. Failure to achieve adequate staffing from CCS will result in recovery nurses facilitating escalation. In this event a Datix will be raised and subsequent investigation completed.	8
1283	Availability of nursing workforce to manage capacity (WFN)	1. RUH Nurse Bank, Pool and Agency (Framework) booking to cover gaps. 2. Ward Nurse staffing monitoring and deployments shift by shift with Matrons and 'RAG' rated planned vs actual staffing deployment Board to support safe staffing levels Divisionally and across the Trust. 3. Nurse staffing Escalation Policy. 4. Recruitment and Retention Group Action Plan Workforce Development and new roles and ways of working e.g. Developing Assistant Practitioner role (Band 4) to support the nursing teams on wards. 5. Nursing Associates are a new role recently regulated by the NMC. The first cohort from the RUH are due to qualify in July 2019. There are several more cohorts going through the programme. The Trainee Nursing Associates are employed as Band 3s whilst undertaking learning at the University of the West of England and whilst working clinically on their placement wards throughout Medicine and Surgery. 6. Agency shifts being booked in advance and block bookings. 7. The Nursing and Midwifery Workforce Planning Group continues to meet monthly and monitor the overall staffing situation. 8. Senior nurses continue to undertake the on call staffing rota to ensure appropriate requests for agency is made in a timely fashion to support the wards when needed. 9. The RUH has embarked on an overseas nursing recruitment plan with a target to reach 80 registered nurses working within the Trust by December 2019. As of January 2019, 103 overseas nursing have arrived in the country of which 88 have gained registration with the NMC. 10. Some wards in Medicine and Surgery have registered therapists working to support nursing roles and activities in a therapeutic manner to help mitigate against the nursing numbers. 11. Business Case approved for 120 nurses per year for the next 3 years.	9

ID	Assessment relating to	Existing controls in place	Current Risk Score
		12. Retention Plan submitted to NHSE as part of cohort 5 retention programme. Feedback due by the end of January 2020. 13. Funding opportunity for 7 assistant practitioners to undertake additional training and qualify as Nursing Associates	
1307	Nurse staffing levels in Critical Care Services (Non COVID-19)	1. Active recruitment process for Band 5 nurses including rolling advert including recruitment to attrition. 2. Recruitment of both newly qualified and return to practice nurses. 3. Full back fill for any maternity leave. 4. Robust off duty management (Golden Rules/Carter Standards) and monthly review using a live establishment template. This includes Band 7 cover in all daytime hours including weekends & Band 6 cover of 3x band 6's on nights (for skill mix, support & contingency). 5. Increase our pool of specialist Critical Care bank nurses available to the unit and rota appropriately. 6. Overtime available for all staff including part time workers. 7. Robust health and wellbeing management process in place to support nurses whilst off sick and on their return to work. HR scorecard in place reviewing appraisals, sickness, mandatory training and turnover/attrition in order to measure trends and enable proactive management of the risk. 8. Structured education pathway from 'novice to expert' with funded degree and masters courses in both clinical and managerial modules. The unit protects its full time supernumerary nurse educator. 9. Trial of self-sufficient staffing model, allowing flexibility within the nursing rota and reducing nursing resource working outside of critical care (October 2017 - March 2018).	9
1614	Nurse staffing on Children's Ward	Recruitment plan. Booking of bank and agency.	10
1689	International recruitment of Nurses	Fortnightly meeting of International project group which includes an Estates and Facilities representative. Fortnightly candidate pipeline produced which estimates approximate start dates. Vacancies back-filled with Bank/Agency nurses.	6
1867	Inadequate nurse staffing as a result of	1. Engagement events with tier 1 to identify further opportunities to increase fill rate. 2. Standard rate card has resulted in a pay increase for agencies under tier 1 3. re-engage with tier 3 to understand why they are unable / unwilling to adopt the standard rate card. 4. Local bank incentives introduced in ED and MAU. Plans in place to introduce an 'allocation on arrival' incentive	12

ID	Assessment relating to	Existing controls in place	Current Risk Score
	the Switchoff Project	5. Trust wide comms explaining the purpose of the project and the incentives. 6. Trusts across the collaborative have experienced a significant increase in Tier 1 fill rates. However, there has also been an increase in demand for temporary staffing. Work ongoing with the rest of the collaborative to review the impact of the project and establish what the next phase will be	
1979	inadequate registered nursing resource in oncology OPD	• Ask RN to work additional hours to cover colleagues absence on day they do not normally work. • Request bank / agency • Current long line agency cover to mitigate safety risks • Recruitment has now become divisional driver with support from comms regarding advertising	9
2004	Reunification of Pierce Ward staff	The majority of staff are holding for the reunification of the ward team Pierce ward will re-open as a ward in D1 from 1st October 2020 Pierce Ward team reunited as one team (however the ward remains with no permanent base).	6
2010	ICU workforce to manage COVID-19 workload	• Bank & Agency in use - including long-line agency • Reservist nurses in place • Anaesthesia team reallocated to ICU only • Workforce business case in development • See Mitigation to risk 2106	12
2075	Risk that patient safety will be affected by inadequate Medical and Nursing staffing within Emergency Department and UTC	• Pre booking of agency staff. Ongoing recruitment effort. Upskilling and training for existing ENPs to enable them to have the skills to see UTC patients • Lead GP making every effort to attract rota fill from local GPs. • Moving a nurse from present funded establishment to cover paediatric area on every shift - at times this reduces the staffing in other areas of the department, or it is not able to be covered leaving the paediatric area without a nurse • No funding for extra doctors at night - no existing control in place • Fluidity within nursing staff to move to cover one patient in Red Resus however no existing controls in place for multiple patients	16

ID	Assessment relating to	Existing controls in place	Current Risk Score
2076	Registered nurse vacancy on Pierce Ward	• Long line agency requests in place. • Pool staff allocation to Pierce • Staff being offered additional shifts. • Agency staff requests in advance. • Effective roster management • Matrons and senior charge nurse review of staffing levels • Staff moved from other wards to support.	12
2084	Increased staff absence due to COVID-19 (shielding, isolation, sickness)	• Lateral testing twice per week for all staff • Senior nurse review of all staffing and oversight. PPE guidance and PPE readily available for all staff. • Staffing command central for all staff. Rapid staff swabbing available for critical staff. • Staff risk assessments for all staff and appropriate redeployment. • Allocate roster system and safe care for majority of inpatient areas. • Daily outbreak meeting. • Staffing resource as part of Bronze/Silver/ Gold. • Use of reservists and temporary staff to support. • Trust wide staffing oversight.	15
2088	Increased staff absence due to COVID-19	• Lateral testing twice per week for all staff • Senior nurse review of all staffing and oversight. PPE guidance and PPE readily available for all staff. • Staffing command central for all staff. • Rapid staff swabbing available for critical staff. • Staff risk assessments for all staff and appropriate redeployment. • Allocate roster system and safe care for majority of inpatient areas. • Daily outbreak meeting. • Staffing resource as part of Bronze/Silver/ Gold. • Use of reservists and temporary staff to support. • Trust wide staffing oversight. • Green Pathway staff to remain as part of Green pathway and not work trust wide. • Daily workforce review in place from 27.1.2021 chaired by Div DON and all 3 divisions represented.	12

ID	Assessment relating to	Existing controls in place	Current Risk Score
		• Agency staff request process reviewed and tier 3 automated at 72hours pre shifts and Tier 4 / Thornbury at 24 hours pre shift	
2106	Increase requirements on ITU in response to COVID-19 surge	In response to the COVID-19 pandemic a number of strategies are in place to monitor and response to modelling predictions: • long term bank and agency nursing contracts have been sought • Senior anaesthetic staff on standby to support ITU interventionists. • Daily Gold level incident meetings • Daily tactical flow meetings • All Green & Yellow reservists have been brought back to ITU. • Awaiting information on if Red staff can be released from their substantive posts • Daily infection prevention outbreak meetings which discuss the staffing impact of staff sickness. • Medical students have been invited to support the unit as HCAs	20