

TRUST BOARD
29th June 2017

AGENDA ITEM NUMBER	5.3	
TITLE OF PAPER	Safer Staffing Report	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	Expectation 2 and 7
Excellent experience	√	Expectation 2 and 7
Skilled & motivated teams	√	Expectation 2 and 7
Top productivity	√	Expectation 2 and 7
EXECUTIVE SUMMARY		
<p>This paper provides a review of the safer staffing levels within inpatient areas in Ashford and St Peter's Hospitals NHS Foundation Trust for May 2017 in accordance with the national reporting requirements and guidelines.</p> <p>The Trust continues to follow its policy on safer staffing escalation, thus supporting the delivery of safe, high quality care.</p> <p>The report shows the percentage fill rates by ward against the recording requirement of Care Hours Per Patient Day (CHPPD). Data is collected each day about the number of patients on the ward at midnight, the numbers of staff on duty in the previous twenty four hours and the breakdown of registered and unregistered staff. These percentage fill rates have been triangulated with ward-level quality performance including the numbers of Serious Incidents and Nursing red flags. Divisions have provided evidence of mitigation in tabular form with completion or review dates identified.</p> <p>There is still a challenge to consistently meet safer staffing levels, however, risks are constantly being mitigated through daily actions and professional judgement.</p>		

RECOMMENDATION:	To receive this paper as assurance that safe staffing data is submitted in accordance with Safer Staffing expectations 2 and 7. To note and seek assurance where required pertaining to the practices of the nursing leadership teams to ensure safer staffing is observed.
SPECIFIC ISSUES CHECKLIST:	
Quality and Safety	Ensuring adequate staffing levels to provide excellent care
Patient Impact	Ensuring high quality staffing to provide excellent care
Employee	Ensuring correct staffing levels to provide support and supervision to staff
Other Stakeholder	n/a
Equality & Diversity	n/a
Finance	Promoting safer staffing levels and reducing reliance on agency and bank staffing
Legal	n/a
Link to Board Assurance Framework (BAF) Principle Risk	Links to BAF risks 1.4 workforce aligned to acuity and risk 3.1 recruitment.
AUTHOR NAME/ROLE	Sue Harris, Lead Nurse Tissue Viability on behalf of Russell Wernham, Deputy Chief Nurse/Associate Director of Quality
PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	29 June 2017
BOARD ACTION	Assurance

1. Background and scope

Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH) follows an agreed methodology for reviewing nurse staffing levels on the inpatient wards. The Board requires assurance that the Trust is managing staffing capacity and capability alongside the considerations on decisions and initiatives with the associated accountability for these. The data collected to provide this assurance is the number of Care Hours per Patient Day (CHPPD). The data in Appendix 2 shows a percentage fill, but this percentage is the actual number of care hours filled against planned.

2. Strategic issues and options

- Recruitment and retention issues

Recruitment continues overseas, both in and out of Europe, alongside local initiatives.

- Monitor Agency Cap

This is reported on weekly with feedback provided to senior management.

- Operational pressures

The operational pressures on the Trust continued during May, with extra beds opened. The staffing of escalation areas were discussed daily and the specialist nurses based within the Divisions and corporate teams were used to support these escalation areas as required.

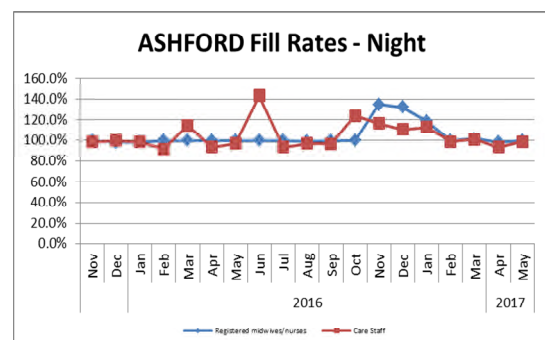
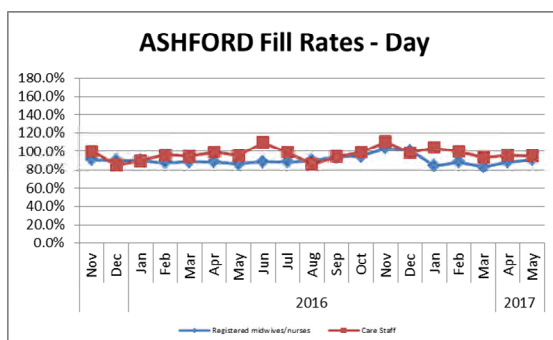
- Actions to address gaps

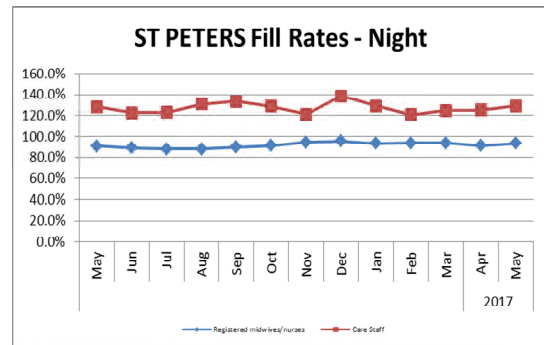
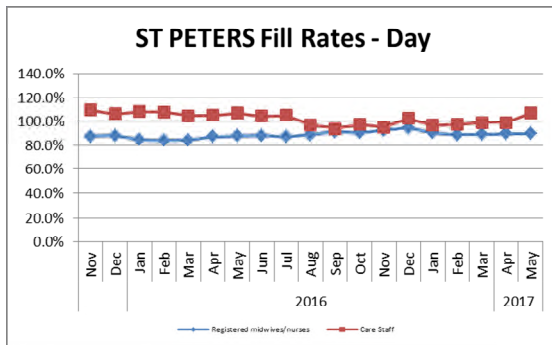
Planned and actual staffing levels are reviewed on a shift by shift basis by the Ward Manager and Clinical Nurse Leader and discussed at daily Capacity Action Team (CAT) meetings.

3. Numbers

The report has used information from the e-Rostering system; the reported fill rate is based on the number of nursing hours deployed as a percentage of the number of nursing hours planned in the rota. The table and graphs below show the average fill rates for May 2017 as part of a 12 month trend.

Site	Day		Night	
	Average fill rate RN/RM %	Average fill rate care staff %	Average fill rate RN/RM %	Average fill rate care staff %
Ashford	91.3%	95.1%	100.0%	98.9%
St Peter's	89.9%	106.9%	93.3%	129.2%





Below is the link to additional supporting data

[Acute and Emergency Medicine Division \..\..\Ward Monitoring-Weekly Reporting\17-18 KPIs\AMES\Daily Tool](#)

[Theatres, Anaesthetics, Surgery and Critical Care: \..\..\Ward Monitoring-Weekly Reporting\17-18 KPIs\TASCC\Daily Tool](#)

[Diagnostics, Therapeutics, Trauma and Orthopaedics: \..\..\Ward Monitoring-Weekly Reporting\17-18 KPIs\DTTO\Daily Tool](#)

[Women's Health and Paediatrics: \..\..\Ward Monitoring-Weekly Reporting\17-18 KPIs\WHP\Daily Tool](#)

Context

Senior nursing and midwifery management at ASPH continue to monitor and report the inpatient ward staff levels. Divisional action timetables are provided in Appendix 3.

Whilst ongoing capacity pressures and recruitment shortages continue there is still a sustained vigilance over staffing levels daily, weekly and monthly. In addition there are bespoke projects specifically responsive to staffing issues in critical areas.

4. Impact measures and follow up

Monitoring of patient acuity and dependency using the safer staffing tool was completed over a 4 week period in January - February 2017. This data, including recommendations, will be presented to Trust Board following a review of shift patterns within the inpatient wards. Monitoring of Paediatrics acuity and dependency continues using the Paediatric Acuity and Dependency Assessment tool (PANDA).

The narrative provided by the Divisions details relevant changes with key issues

highlighted. These changes and issues have been given completion dates to prevent a rolling narrative occurring with no action being identified.

Appendix 1 shows the Safer Staffing and Quality RAYG rating dashboard for May 1 2017.

5. Assurance

Maintaining safe staffing levels in the face of recruitment and retention challenges alongside high levels of inpatient activity remain a risk to the Trust. This risk is managed through a range of actions to address both operational and workforce issues and therefore the Board can be assured that:

1. There is evidence that escalation of and mitigations against staffing red flags are increasingly timely and effective.
2. Accountability of adherence to both the nursing agency caps and the safer staffing on the wards has been strengthened. The rostering meetings held to review the use of agency staff have been supported by direct intervention of the Chief Nurse. There has also been further representation from the Divisional Chief Nurses.
3. Safer staffing was tabled as a discussion topic for Quality Performance Committee during Q1 of 2017/18. This included a review of workforce and nursing shift patterns as described above with a paper due to be tabled at Nursing Midwifery and Assurance Committee in July 2017. Further work is being done on benchmarking nursing establishments against CHPPD following the review at Board of the six month acuity and dependency report.

Appendix 1 Safer Staffing QEWS RAYG Rating May 2017

SAFE STAFFING LEVELS DATA – May 2017												
Division	Wards	Total shifts	Red	Amber	Green	% Green	% Green shifts sparkline Apr 16-May17	Ward Sls	Ward Sls Sparkline Apr 16-May 2017	Ward Red Flags	Ward Red Flags Sparkline Apr 16-May17	QEWS LEVEL
Acute and Emergency Medicine	AandE	248	0	1	125	50%		1		3		1
	Aspen	93	49	28	16	17%		0		4		2
	CCU & Birch	93	6	27	60	65%		0		1		3
	Cedar	93	0	4	89	96%		1		1		1
	Holly	93	0	5	88	95%		0		0		2
	May	93	0	9	84	90%		0		1		2
	ACU	62	14	2	46	74%		0		0		-
	AMU	93	2	9	82	88%		0		0		2
	Cherry	93	0	1	92	99%		0		0		2
	Maple	93	3	20	70	75%		1		0		2
	Chaucer	-	-	-	-			0		0		-
	Swift	93	0	4	89	96%		0		3		2
	Wordsworth	93	18	3	72	77%		0		0		2
T&O	Dickens	93	13	19	61	66%		0		0		2
	Swan	93	24	20	49	53%		0		0		2
TASCC	Kingfisher	93	19	21	53	57%		0		0		2
	Falcon	93	2	2	89	96%		0		2		2
	SDU	93	2	0	91	98%		0		0		2
	Heron	93	5	17	71	76%		1		0		3
	SAU	93	10	23	60	65%		0		0		2
	ITU	93	7	5	81	87%		1		0		2
	HDU	93	52	0	41	44%		0		0		3
Women's Health and Paediatrics	Abbey BC	62	5	0	57	92%		0		0		-
	Ash	62	0	0	62	100%		0		0		3
	NICU	248	30	46	172	69%		0		0		3
	Labour Ward	124	2	13	109	88%		0		0		2
	Joan Booker	124	0	3	121	98%		0		1		3

Percentage Fill rates for each ward with Sickness, Maternity and New Starters										
Ward name	Main Specialties	Day		Night		Vacancy %	Sickness %	Maternity Leave %	New Starters	Leavers
		Average Register	Average Care Staff	Average Registered	Average Care Staff					
Wordsworth (nee Chaucer)	314 -	92.1%	95.7%	100.0%	100.0%	36.9%	2.7%	10.0%	0.00	1.00
Maple	300 - GENERAL	87.6%	110.7%	100.0%	121.0%	20.5%	6.1%	7.7%	1.00	0.00
Swift	100 - GENERAL	93.0%	128.6%	53.2%	246.8%	12.9%	0.9%	2.8%	0.00	0.00
BACU	300 - GENERAL	96.1%	74.2%	100.0%	96.8%	18.7%	2.9%	2.7%	0.00	0.00
Cedar	300 - GENERAL	79.1%	181.5%	115.1%	169.4%	11.7%	1.9%	5.9%	0.00	0.00
Cherry	300 - GENERAL	95.8%	101.2%	97.8%	134.4%	20.4%	3.5%	3.6%	2.00	0.00
Holly	430 - GERIATRIC	81.3%	123.2%	68.8%	149.5%	21.6%	0.7%	0.0%	0.00	1.00
May	300 - GENERAL	90.0%	129.0%	94.6%	193.5%	23.0%	0.0%	0.0%	1.00	0.00
AMU	300 - GENERAL	85.3%	116.8%	101.1%	147.6%	35.7%	3.0%	4.2%	0.00	1.00
Aspen	340 - RESPIRATORY	83.6%	83.9%	81.9%	81.5%	35.5%	3.1%	8.1%	3.00	0.00
ITU	192 - CRITICAL CARE	86.2%	37.1%	80.6%	#DIV/0!	25.6%	4.2%	0.0%	0.00	3.60
MH DU	192 - CRITICAL CARE	110.8%	78.2%	121.9%	68.8%					
Falcon	100 - GENERAL	101.8%	121.8%	100.0%	145.2%	17.5%	4.7%	0.0%	1.00	0.00
Kingfisher	100 - GENERAL	75.7%	133.9%	84.9%	102.2%	43.8%	0.8%	0.0%	2.00	0.00
SAU	100 - GENERAL	104.7%	68.7%	115.0%	103.2%	19.4%	1.8%	7.4%	0.00	0.00
SDU	100 - GENERAL	98.4%	#DIV/0!	98.9%	#DIV/0!	8.2%	7.7%	0.0%	0.00	1.00
Heron	100 - GENERAL	93.5%	99.2%	100.0%	135.5%	17.7%	8.6%	0.0%	1.00	0.00
Dickens	110 - TRAUMA &	90.6%	94.3%	100.0%	96.8%	14.2%	6.6%	0.0%	0.00	0.00
Swan	110 - TRAUMA &	80.9%	99.1%	96.8%	107.5%	31.4%	3.9%	18.4%	2.00	0.00
NICU	420 - PAEDIATRICS	83.3%	68.8%	83.3%	62.4%	9.2%	2.7%	3.6%	1.00	1.84
Oak & Ash	420 - PAEDIATRICS	109.4%	#DIV/0!	120.2%	#DIV/0!	22.8%	3.7%	6.7%	0.00	1.00
Joan Booker	501 - OBSTETRICS	96.4%	99.4%	100.0%	196.8%	8.8%	4.1%	6.2%	2.39	1.61
Labour	501 - OBSTETRICS	95.4%	90.5%	97.5%	95.2%					
Abbey Birth Centre	501 - OBSTETRICS	96.8%	#DIV/0!	95.2%	#DIV/0!					

Appendix 3 Care hours by ward May 2017

				Day			Night						
Ward name		Main 2 Specialties on each ward		Registered midwives/nurses	Care Staff	Registered midwives/nurses	Care Staff	Registered midwives/nurses	Care Staff	No of Pts at 23:59			
Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours		
Ashford Hospital - RTK02	Wordworth	314 -		1,185.75	1,091.50	1,185.75	1,135.00	666.50	666.50	666.50	666.50	602	
Ashford Hospital - RTK02	Dickens	110 - TRAUMA &		1,226.75	1,111.00	1,035.75	977.00	666.50	666.50	333.25	322.50	404	
St Peter's Hospital - RTK01	Aspen	340 - RESPIRATORY		2,371.50	1,982.75	1,976.25	1,657.75	1,666.25	1,365.25	1,333.00	1,085.75	843	
St Peter's Hospital - RTK01	BACU	300 - GENERAL	320 -	2,766.75	2,658.50	395.25	293.25	1,999.50	1,999.50	333.25	322.50	615	
St Peter's Hospital - RTK01	BRAD	300 - GENERAL		790.50	790.50	1,193.50	1,193.50	333.25	333.25	666.50	666.50	620	
St Peter's Hospital - RTK01	Cedar	300 - GENERAL		1,976.25	1,562.25	790.50	1,434.50	999.75	1,150.25	666.50	1,128.75	677	
St Peter's Hospital - RTK01	Falcon	100 - GENERAL		1,782.50	1,814.00	790.50	963.00	999.75	999.75	333.25	483.75	648	
St Peter's Hospital - RTK01	Heron	100 - GENERAL		1,174.75	1,098.00	790.50	784.50	666.50	666.50	333.25	451.50	327	
St Peter's Hospital - RTK01	Holly	430 - GERIATRIC		1,976.25	1,606.75	1,782.50	2,196.25	999.75	688.00	999.75	1,494.25	929	
St Peter's Hospital - RTK01	Kingfisher	100 - GENERAL		2,371.50	1,794.25	1,185.75	1,587.75	999.75	849.25	999.75	1,021.25	953	
St Peter's Hospital - RTK01	Maple	300 - GENERAL		2,177.75	1,907.00	1,782.50	1,972.75	999.75	999.75	1,333.00	1,612.50	907	
St Peter's Hospital - RTK01	May	300 - GENERAL		1,581.00	1,423.25	790.50	1,020.00	999.75	946.00	333.25	645.00	683	
St Peter's Hospital - RTK01	SAU	100 - GENERAL		1,759.50	1,842.50	1,402.50	963.00	860.00	989.00	333.25	344.00	419	
St Peter's Hospital - RTK01	Swan	110 - TRAUMA &		2,177.75	1,762.25	1,976.25	1,958.50	1,333.00	1,290.00	999.75	1,075.00	944	
St Peter's Hospital - RTK01	Ash	420 - PAEDIATRICS		1,782.50	1,950.75	0.00	333.50	1,333.00	1,601.75	0.00	333.25	405	
St Peter's Hospital - RTK01	Joan Booker	501 - OBSTETRICS		1,426.00	1,374.00	1,069.50	1,063.50	1,426.00	1,426.00	356.50	701.50	659	
St Peter's Hospital - RTK01	Labour	501 - OBSTETRICS		3,208.50	3,061.50	713.00	645.00	3,208.50	3,128.00	713.00	678.50	215	
St Peter's Hospital - RTK01	Abbey Birth Centre	501 - OBSTETRICS		713.00	690.00	0.00	0.00	666.50	634.25	0.00	0.00	33	
St Peter's Hospital - RTK01	ITU	192 - CRITICAL CARE		3,952.50	3,405.50	395.25	146.50	3,332.50	2,687.50	0.00	139.75	173	
St Peter's Hospital - RTK01	MHDU	192 - CRITICAL CARE		408.00	452.25	204.00	159.50	344.00	419.25	172.00	118.25	35	
St Peter's Hospital - RTK01	SDU	100 - GENERAL		1,185.75	1,166.75	0.00	25.50	999.75	989.00	0.00	86.00	207	
St Peter's Hospital - RTK01	NICU	420 - PAEDIATRICS		4,278.00	3,565.00	1,069.50	736.00	3,999.00	3,332.50	999.75	623.50	632	
St Peter's Hospital - RTK01	Swift	100 - GENERAL		1,976.25	1,837.25	1,581.00	2,033.75	1,333.00	709.50	666.50	1,644.75	806	
St Peter's Hospital - RTK01	Cherry	300 - GENERAL		1,976.25	1,893.50	1,581.00	1,600.25	999.75	978.25	999.75	1,343.75	909	
St Peter's Hospital - RTK01	ACU	300 - GENERAL		790.50	605.75	395.25	421.00	0.00	129.00	0.00	0.00	471	
St Peter's Hospital - RTK01	AMU	300 - GENERAL		3,557.25	3,034.50	1,976.25	2,308.00	1,999.50	2,021.00	1,333.00	1,967.25	1,178	

Appendix 4 Divisional Commentary

New issues

Division	New Issues	Actions	Responsible lead	Dates for completion
MES	Trust Divisional restructure holding up some decisions as some services may no longer be in MES. Expected that agreement is reached in the next few weeks.	None presently	COO	July 2017
TASSC	No new issues			
T & O	No new issues			
WH&P Maternity	Vacancy factor No new midwifery starters in the pipeline until the students qualify in October 2017. From May-Sept we will have 8 staff going on maternity leave in addition to those who are already off. Also have 7 staff who will be leaving in the same time period. This leaves a projected vacancy factor of 14 WTE by August. Current vacancy 8.47 on top of 9.78 WTE currently on maternity leave	Complete another ERF to recruit to vacancy. Go out for midwifery recruitment Explore option to recruit a cohort of obstetric nurses to assist with post operative recovery, maternal and neonatal observations and drug rounds	J Urben	August 2017
WH&P Paediatrics	No new issues			

Division	New Issues	Actions	Responsible lead	Dates for completion
<p>WH&P Neonates</p>	<p>There was little sickness and annual leave this month for ITU nurses.</p>	<p>Use of Bank staff and swapping shifts</p>	<p>Anjane Neat</p>	<p>Aug 2017</p>
	<p>Recruitment drive pending for Band 6 transport nurses, going to vacancy panel mid-June .</p>	<p>Gone to Panel this week, plan to recruit and start by Sept</p>	<p>Anjane Neat</p>	<p>Sept 2017</p>
	<p>High dependency was at times RED, however the ITU nurses were able to cross cover safely due to their increased presence on the unit.</p>	<p>Internal cover</p>	<p>Anjane Neat</p>	<p>Sept 2017</p>
	<p>Special care and TC safely staffed.</p>	<p>No action</p>	<p>Anjane Neat</p>	<p>Aug 2017</p>
	<p>Safely staffed for Intensive care for May, maximum of 5 babies all one to one according to BAPM standards.</p>	<p>Continue to recruit Band 6 QIS nurses. Currently 6 nurses undertaking QIS course, planned for another 6 nurses to start in September</p>	<p>Anjane Neat</p>	<p>Sept 2017</p>

Previous Issues – Update

Division	Previous Issues	Actions	Lead Dates for completion	Update June 2017	Completed yes/no
MES	Recruitment does not match turnover and vacancy factor is high.	Attendance at in house recruitment days, working with the central recruitment team.	Louise Fox Monthly review	Campaigns continue. Uptake for recruitment to RN positions from overseas trained nurses is high however many do not yet have the IELTSs which is essential for NMC registration. This is holding the process up. We continue to recruit and are filling approximately 10 positions per month but the timeframe to onboarding for some staff is exceeding 6 months. We are no longer offering prospective positions with the caveat of achieving IELTSs unless there is a time frame for completion stated in the contract.	Review July 17
	Escalation areas open resulting in dilution of available staff to fill gaps.	Monitoring of the escalation areas by the Divisional Chief Nurse and movement of staff to support the extra bed requirement	Louise Fox Until escalation areas are closed and bed requirements reach planned numbers	Main escalation areas have been closed consistently for around 6 weeks. Heron Annexe remains open however there is a plan to close this in July as part of the ITU/HDU colocation and the subsequent expansion of Aspen capacity. Winter planning will commence towards the end of July and a planned approach to staffing the escalation areas for the winter period will be agreed.	Review August 17
	Emergency Department template has not been	Template to be reviewed by Divisional Team and	Andrea Lewis	Plan in progress in conjunction with service redesign changes (CDU2 and streaming)	Review Aug 17

	agreed so currently working at 6 extra staff per shift which is not sustainable	discussed with Chief Nurse	ADO for ED		Sept 2017
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed yes/no
AMES	Senior management presence in the emergency department to provide staffing assurance.	New Associate Director for the Emergency Department commences in the Trust on the 3 rd April 2017 and will be responsible for the review of the nursing workforce.	Louise Fox May 2017	Timelines for completion of review not, as yet, agreed.	Review Aug 17
	AECU currently working on a temporary/secondment basis and business planning is being completed in order to convert this to substantive/permanent template and business model.	A business case for AECU has been agreed and establishment is now being recruited to. One band 7 and one of the Band 6s (of four band 6) has been recruited to. AECU will move to a 7 day service when staff are in post. There has been a good response to advert so no issues identified	Louise Fox May 2017	All posts recruited to and new 7 day service commences on June 19 th .	
TASSC	Due to high emergency demand the Urology Unit has been used as an	Staff are moved from across the Division to support but	Until emergency demands are	This is reviewed monthly	July 2017

	escalation area and this has put additional demand on staffing as often vacancies are unfilled and staff have to be further redeployed.	this often leaves a deficit.	met by hospital bed stock		
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed yes/no
TASCC	Kingfisher Ward establishment has been too low.	Recruitment is still ongoing and 4 Student Nurses have been offered posts to undertake a rotation programme within surgery of which Kingfisher will be a placement.	June 2017	Potential start date for RN new starters is September 2017.	Monthly review
	The Recruitment Agency used by the Trust to source overseas nurses is struggling to find suitable nurses for the division in order to fill vacancies.	Advertisements are being placed in more European countries. Bespoke divisional recruitment events continue, with the next one planned for 25 May	June 2017	Advertisements are being placed in more European countries. Bespoke divisional recruitment event took place on 25 May 2017. The next bespoke recruitment event is scheduled for early July 2017. An additional recruitment agency has been sourced and currently in planning stages for overseas recruitment event.	Aug 2017 End of May 17 July 2017 Aug 2017
	There are a significant number of unfilled vacancies in ITU leading to an increased demand in the use of agency staff.	ITU CNL is reviewing the roster to ensure shifts are being equally covered by substantive staff. Annual leave and study leave is being reviewed.	On going review July	On track	Aug 2017

	(11 x WTE RN and 2 x WTE HCA)	<p>Vacancies are being sent for temporary staffing fill at the earliest opportunity.</p> <p>An acuity and dependency review will be undertaken at the end of May.</p> <p>If staffing on the unit becomes unsafe the process for escalation to shut a bed will be enacted.</p>			
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed yes/no
T & O	Covering shortfalls/red flags presents challenges due to a small pool of nursing available within the division.	Orthopaedic Supported Discharge (OSD) support the ward when possible. Cover is sought within the division and from other divisions if safety would be compromised.	April 17	Ongoing shortfalls on ward CNL continues to manage swan ward full time, ensuring management and leadership. Senior nurse away day week/com 12 th to discuss plan forward	no
	Swan Ward: RN availability to fill roster is approximately 50% due to turnover, difficulty recruiting, maternity leave and sickness.	Sickness management is ongoing. Dickens Ward staff transferred over for periods of 3 months. Recruitment events attended. Recruitment via recruitment agency unsuccessful.	April 17	Ongoing with trust recruitment, overseas recruitment ongoing. Awaiting 3 RNs to come into post July. 4 RNs remain on maternity leave. 1 RN from Dickens on 3 month rotation from the elective ward.	

	Swan Ward has 1 harm from a Stage 3 pressure ulcer.	RCA to be completed. Review of prevention measures in place and once learning has been established from RCA	April 17	No further stage 3 pressure damage. QI project 100days free from pressure damage on going 1 stage 2 in 44 days	Yes
WH&P Maternity	There are currently 5 WTE vacancies in maternity (this is down from 16.4 WTE vacancies) and 9 WTE midwives on maternity leave.	The recruitment of Italian midwives which took place the end of September has resulted in 6 overseas midwives commencing with us in the last month. In addition, we have also recruited an experienced band 7 midwife and 1band 6. Taken part in the Trust recruitment day and also conducted several Skype in interviews as candidate present.	Recruitment drive on-going. Next recruitment planned for July with help of Lisa Punter's team.	No new midwifery starters in the pipeline until the students qualify in October 2017. From May-Sept we will have 8 staff going on maternity leave in addition to those who are already off. Also have 7 staff who will be leaving in the same time period. This leaves a projected vacancy factor of 14 WTE by August. Current vacancy 8.47 on top of 9.78 WTE currently on maternity leave	
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed yes/no
WH&P Maternity	Due to a strong recruitment campaign for overseas midwives there is a longer induction period required to bring them up to speed with UK practice and these staff require more hands on, input for clinical skills support.	The education team has been strengthened to ensure there is good support for the overseas midwives and they are able to have a period of learning and adapting to working in the NHS. Recruitment underway for an additional Practice Development Midwife	May 17	2 nd CSF currently on secondment in another role will be back in post on 1 st September.	
	There are currently 5	The recruitment of Italian	Recruitment	No new midwifery starters in the pipeline until	

	WTE vacancies in maternity (this is down from 16.4 WTE vacancies) and 9 WTE midwives on maternity leave.	midwives which took place the end of September has resulted in 6 overseas midwives commencing with us in the last month. In addition, we have also recruited an experienced band 7 midwife and 1 band 6. Taken part in the Trust recruitment day and also conducted several Skype in interviews as candidate present.	drive ongoing Next recruitment planned for July with help of Lisa Punter's team.	the students qualify in October 2017. From May-Sept we will have 8 staff going on maternity leave in addition to those who are already off. Also have 7 staff who will be leaving in the same time period. This leaves a projected vacancy factor of 14 WTE by August. Current vacancy 8.47 on top of 9.78 WTE currently on maternity leave	
	Current vacancy level is 3.6 WTE 2 WTE awaiting start dates 9.38 WTE are currently on maternity leave Sickness is running at 5.7%	Use of agency midwives to maintain safe staffing when necessary Ongoing recruitment strategy which has resulted in the appointment, in April, of 16 student midwives who are due to qualify and commence in the Trust October 2017.		14 WTE	Aug 2017
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed yes/no
WHP Maternity	1:1 care in labour ratio affected due to short staffing levels	In order to provide 1:1 care in labour and to staff the 'high dependency' area on labour ward, Agency midwives have	April 17	1:1 care for women in labour has been a priority and has been maintained through appropriate allocation of staff and skill mix to	Yes

		<p>been used for the past 6 months but this is now being reviewed in the light of successful recruitment.</p> <p>The specialist midwifery team have provided regular clinical shifts and the midwifery management team have supported with clinical shifts and attending safeguarding meetings. In addition, as well as 24 hour on call cover provided by the supervisor of midwives team, the midwifery management team have worked an on call rota to support the service and ensure safety.</p>		<p>the workload at any one time.</p> <p>Senior team support clinical work where required.</p>	
	The Supervision of Midwives came to an end on the 1 st April 2017	A new programme of support and mentoring has been developed and a buddy system has been introduced.	June 2017	Supervision of Midwives has now ended. Awaiting professional midwifery advocate role to be clarified and taken forward in July 17	
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed yes/no

<p>WH&P Maternity</p>	<p>Following a successful recruitment day all midwife vacancies have been recruited to. Most of these are newly qualified midwives who will receive their PIN in October. In the meantime the vacancy rate is 8 WTE and 12 WTE on maternity leave (this is up from 9 in the previous month).</p>	<p>Weekly review of staffing with managers to ensure safe levels maintained and 1:1 care in labour compliant.</p> <p>Aim for newly recruited midwives to be on Induction for October.</p> <p>The education team has been strengthened to ensure there is good support for the newly qualified midwives and overseas midwives and there is a robust preceptorship programme in place.</p>	<p>Regular meetings, with review in October 2017.</p> <p>November 2017</p> <p>Completed</p>	<p>Maternity Leave will rise over next 6 months</p>	
	<p>The specialist midwifery team has provided regular clinical shifts and the midwifery management team has supported with doing clinical shifts and attending safeguarding meetings.</p> <p>The midwifery management team are now on call to provide support and advice as required.</p>	<p>Maternity is fully recruited with maternity care assistants, maternity support workers and nursery nurse.</p> <p>A band 8A Labour Ward Manager starts in June.</p>	<p>Completed.</p> <p>July 2017</p>	<p>No change</p>	

Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed Yes/No
WH&P Paediatrics	Vacancy remains at 15% applicants are currently from students due to qualify in September'17	Reduce to below 10% An advert aimed at paediatric student nurses is on NHS jobs as part of the Trust recruitment day for 18th March	March 17		Yes
	Long term patient requiring 1:1 care	Use of agency registered nurses to maintain safe staffing when necessary	Anjanees	1:1 by HCA overnight, awaiting Results of panel for package of care for discharge	Ongoing review July 2017
	Vacancy rate remains at 15%	Recent recruitment of 9 Registered Nurses (Paediatrics) due to qualify and commence in post September/October 2017	Anjanees Neat	1 WTE commenced 1/6/17	October 2017
	2 WTE Band 6 Sick and 0.92 WTE Maternity Leave leading to difficulty covering in-charge shift Ongoing recruitment issues continues with 2 x Band 5 staff nurses	Covered by Ward Manager and Matron Interviewed last week 1 x WTE Band 5 currently working Bank to start once	Ongoing, review in June	2 x WTE band 6 on long term sickness returned 3 WTE to commence Sept/Oct Advert out NHS jobs for Band 5. Potential to	Yes

	having withdrawn for Sept'17 resulting in 6 WTE Increase in RMNs required to provide safe care for children/adolescents with mental health issues .	HR clearance through. 2 WTE Paed HCA appointed and going through HR clearance. Band 6 RMN post going to Vacancy panel this week	June 2017	recruit 2 x WTE RN with paed experience Advert out for 2x WTE Band 6 Delay in shortlisting for RMN	
Division	Previous Issues	Actions	Dates for completion	Update June 2017	Completed Yes/No
WH&P Neonates	NICU establishment for intensive care nurses does not match national standards for safe staffing	Divisional Chief Nurse for WH&P to review staffing template and establishment. Staffing review presented to Director of Finance	Jane Urben Jane Urben	X1 extra Band 7 Sister Post advertised and recruited into in line with national standards	March 2017 March 2107
	Red flag for safe staffing in intensive care nursing due to vacancy rate of 8.7% and NICU establishment for intensive care nurses does not match national standards for safe staffing	Six Band 6 nurses are due to start at the end of April and May 2017. Staffing Review presented to Director of Finance	Anjane Neat Jane Urben	4 internal and 2 external Band 6 nurses fully recruited and in place.	May 2017 March 2017
	27% of ITU shifts were deemed RED, this was always when ITU	Staffing review shows shortfall in skilled ITU trained nurses and this continues to	Continuous monitoring with review in	New recruitment drive going live end of June for Band 6 specific transport nurses, so that ITU trained nurses can be released back into	

	<p>occupancy was 5 babies and above. This is our current nursing establishment.</p> <p>Plan for recruitment event for Band 6 transport nurses in order to release senior nurses from transport rota to be in the nurseries to improve safe staffing</p>	<p>be addressed through recruitment.</p> <p>To maintain safety, ITU babies are not accepted from out of area if there are shortfall in ITU trained staff to care for them.</p>	<p>June 2017</p> <p>June 2017</p>	<p>the unit to enable safe staffing of full ITU funded cots.</p>	
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