REPORT TO:	**STRATEGIC WORKFORCE COMMITTEE**
DATE:	**26 FEBRUARY 2018**
SUBJECT:	**WARD ESTABLISHMENT REVIEW UPDATE NOVEMBER 2017**
BOARD SPONSOR:	**CHIEF NURSE AND DIRECTOR OF QUALITY**
PAPER AUTHOR:	**ASSOCIATE CHIEF NURSE**
PURPOSE:	**Discussion**
APPENDICES	**None**

BACKGROUND AND EXECUTIVE SUMMARY

Regular staffing reviews have been undertaken since 2007/08 to ensure they are fit for purpose. Annual ward staffing reviews, with six monthly updates, are reported to the Strategic Workforce Committee to fulfil the requirements set out by the NHS Quality Board (NQB). The next full review, reporting April 2018, will be reported to the Strategic Workforce Committee in July 2018.

This report provides a progress update on the recommendations from the previous ward staffing review (May 2017) reported to the Strategic Workforce Committee in July 2017 and provides:

- A progress update against the key priorities identified from the findings of the May 2017 review;
- Evaluation of acuity / dependency changes since movement of services from K&C from 19th June 2017.
- An update on progress in the Emergency Departments, Neonatal Intensive Care and Midwifery.

Priorities identified from this review update are:

1. The NHS Quality Board requirements in providing assurance on safe staffing are currently being met;
2. The review of the impact of the movement of services on 19 June 2017 on acuity / dependency, presented to the Strategic Workforce Committee on 29 September 2017 by the Divisional Head of Nursing for UCLTC showed no clear evidence of any change in acuity / dependency from April 2017 compared to August 2017.
3. The implementation of SafeCare was completed across all wards by mid-January 2018 with the aim of improving alignment of staffing required to demand;
4. No conclusion can be drawn from the acuity / dependency evaluated during December 2017 and further work is required to ensure reliability of data. Competency assessment of all nurses who have access to SafeCare is planned before evaluation of acuity dependency as part of the full April 2018 review;
5. Recruitment to the investment approved into the Emergency Departments is nearing completion but high turnover and increased activity requires further work to review required staffing;
6. Phased recruitment into the NICU investment has been suspended pending further review of staffing requirements following the Neonatal Services Peer Review undertaken in October and further work is underway to review required staffing;
7. Further work to explore required investment into Maternity Services, following the Birthrate Plus review, has been undertaken and a Business Case in being prepared to provide band 7 clinical leadership on each shift;
8. A Recruitment Strategy has been implemented to progress the Recruitment and

Retention action plan and further initiatives are underway to address the registered nurse vacancy factor.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Continued vacancy factor and reliance on temporary staffing will require further innovative recruitment approaches to enable recruitment ahead of turnover.
LINKS TO STRATEGIC OBJECTIVES:	**Patients:** Help all patients take control of their own health. **People:** Identify, recruit, educate and develop talented staff. **Provision:** Provide the services people need and do it well.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR8 Ability to attract, recruit and retain high calibre staff to the Trust.
RESOURCE IMPLICATIONS:	Adequate staffing levels impact on the achievement of the required performance indicators, non-compliance with contractual obligations attract financial penalties. This includes 2017/18 CQUINs which are valued at 2.5% of actual outturn, or around £5.7M.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Divisional Heads of Nursing meeting.

PRIVACY IMPACT ASSESSMENT: *NO*	**EQUALITY IMPACT ASSESSMENT:** *NO*

RECOMMENDATIONS AND ACTION REQUIRED: The Strategic Workforce Committee is asked to note the update and priorities identified.

WARD ESTABLISHMENT REVIEW UPDATE NOVEMBER 2017

1. INTRODUCTION

Regular ward staffing reviews have been undertaken since 2007/08 to ensure that the ward nursing establishments provide an appropriate staffing level and skill-mix to support the delivery of safe and effective care to patients. Ward staffing reviews now take place annually, with a six monthly update, to fulfil the requirements set out by the NHS Quality Board.

This report provides:

1. A progress update against the key priorities identified from the findings of the review;
2. Evaluation of acuity / dependency changes since movement of services from K&C from 19th June.
3. An update on progress in the Emergency Departments, Neonatal Intensive Care and Midwifery

2. NATIONAL QUALITY BOARD EXPECTATIONS ON WARD STAFFING

2.1 Recommendations for greater transparency of ward staffing levels followed the Francis report on Mid Staffordshire (2013), the Keogh review (2013), the Berwick report on improving the safety of patients in England (2013) and the NHS England report on Hard Truths; The journey to putting patients first (2013).

As a result, in 2013 the NHS Quality Board published guidance 'How to ensure the right people, with the right skills, are in the right place at the right time' which identified new requirements in providing assurance on safe staffing. The requirements were related to three main areas of action:

- To clearly display information about the nurses, midwives and care staff present and planned in each clinical setting on each shift. Displays should be in an area visible to patients, families and carers and explain the planned and actual numbers of staff for each shift as well as who is in charge of the shift.

  Staffing boards have been in place since April 2014 in all inpatient wards.

- The board should receive monthly reports containing details and summary of planned and actual staffing on a shift-by-shift basis, is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap.

  Actual against planned staffing hours, by inpatient area, is reported to the Board as part of the monthly Integrated Performance report. This report is accessible to patients and the public on a dedicated area of the Trust website and is published on the relevant hospital profile on NHS Choices.

2.2 The National Quality Board (NQB) publication *'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing'* (2016) outlines the expectations and framework within which decisions on safe and sustainable staffing should be made to support the delivery of safe, effective, caring, responsive and well-led care on a sustainable basis. This publication outlined new requirements including:

- Care Hours Per Patient Day (CHPPD) should be included in the local quality dashboard.

This is reported to the Quality Committee and to the Board as part of the monthly Integrated Performance report. These data have been included in the Quality heatmap since February 2017. CHPPD are included, by ward, and include registered nurse and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month, to relate actual staffing to patient numbers.

- Clinical capacity and skill mix are aligned to the needs of patients thus making the best use of resources and facilitating effective patient flow.

  A business case aligned to the workforce CIP programme to implement Healthroster SafeCare was approved and implementation began on 26th June 2017. This enables live view of patient acuity dependency and skill mix linked to the Healthroster to enable optimised deployment of staff.

A suite of specialty improvement resources, detailed in figure 1, which underpin the overarching NQB staffing resource have been developed with NHSI and will be published during 2018. The April 2018 review will follow the guidance within these resources.

Figure 1. NQB Improvement Resources

Specialty Improvement Resource	Draft publication date	Final version publication date
Adult Inpatient wards in acute hospitals	June 2017	30 January 2018
Urgent and Emergency Care	November 2017	TBC
Maternity Services	June 2017	30 January 2018
Children and Young People's Inpatient wards in acute hospitals	November 2017	TBC
Neonatal Care	November 2017	TBC

3. PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM THE PREVIOUS REVIEW

The following key priorities were identified from the findings of the previous review:

3.1 To review the impact of the movement of services from K&CH to WHH and QEQMH on appropriateness of staffing

A review of the impact of the movement of services, on 19 June 2017 was presented to the Strategic Workforce Committee on 29 September 2017 by the Divisional Head of Nursing for UC&LTC. This review focused on changes in acuity or dependency from April compared to August 2017.

Changes in ward speciality at the WHH site had to be enacted to allow for additional intensive care capacity – accommodating the closure of beds at the K&CH site. Cambridge J (CJ) previously respiratory, changed to accommodate coronary care and cardiac step down beds. Cambridge K (CK) previously cardiac care changed to respiratory care. The changes on CJ and CK did not allow for any clear conclusions to be drawn regarding their patient acuity or dependency. On the remaining wards the acuity remained consistent. Length of stay (LoS) at the WHH fell by 0.94 days from April to August.

Additional funding was provided to the QEQMH site to increase the capacity by ten beds within UC&LTC. There was inconsistent data entry on three wards at the QEQMH site – which did

not allow for any informed conclusions to be drawn from it. The four wards which provided data show that their acuity dependency remained stable. LoS at the QEQMH fell 1.48 days from April to August.

K&CH saw a temporary closure of Taylor ward. Most wards initially saw a drop in patient acuity – but this stabilised and remained at pre transfer levels. This may have been a reflection of the low bed occupancy the site experienced post emergency action.

Due to the loss of beds on Taylor ward, the additional funded bed base at the QEQMH part way through the review period and the change in ward configuration at the WHH it was difficult to extract a true site based LoS figure for any site. However, the Division as a whole saw a decrease in its LoS overall by 1.13 days from April to August.

3.2 Closely monitor acuity and dependency trends monthly particularly on medical wards where higher staffing levels may be required, to determine appropriateness of current staffing

The implementation of SafeCare allows three times daily assessment of nursing workload against available staffing and enables movement of staff to fill gaps. The average WTE required across all wards is included in this review update.

3.3 Support full implementation of Safecare during 2017/18 to enable alignment of staffing to demand

The implementation plan for SafeCare across all areas commenced in June 2017 at the WHH, Oct-17 at QEQM and Nov-17 at the K&C. All wards completed implementation by mid January-18. However, the use of the SafeCare acuity and dependency tool is still being embedded and it is anticipated that more robust assessment will be available at the next review. Any emerging themes will be addressed by the Divisions.

3.4 To continue phased recruitment to the investment approved into the Emergency Departments and NICU. Further work to be undertaken to explore further investment required into Maternity

An update on Emergency Departments, NICU and Midwifery is included in section 4.

3.5 The completion of the 2017/18 Nursing Workforce Plan to inform recruitment and retention planning against current and expected vacancies to support the agency reduction programme

In Nov-17 there were 139 WTE band 5 Registered Nurse and 35 WTE band 2 HCA vacancies across all the wards within the review.

The 2017/18 nursing workforce plan, to inform recruitment and retention planning against current and expected vacancies to support the agency reduction programme, identified 248 WTE band 5 vacancies across all nursing and ODPs (excluding midwifery) across the Trust in April 2017. Predicted required recruitment, factoring in expected turnover and maternity leave, was around 350 WTE by year end. To date around 125 WTE have been recruited including average usual

recruited numbers, newly qualified cohort recruitment and some overseas nurses. Only 3 out of the 135 overseas nurses (Phillipines and India campaigns) have started in post due to failure to meet current NMC English language testing requirements.

A Recruitment and Retention action plan to address the shortfall of posts filled and a strategy has been developed to encompass and drive forward the work. Initiatives include:

- An Overseas Recruitment Steering Group was established in January 2018 to lead further work to recruit from EU and non EU countries for nursing and medical staff;
- Development of an Attraction Strategy is underway;
- NHSP are leading work to migrate agency staff to East Kent Bank;
- Improvements in rostering across the organisation are progressing led by the Divisional Head of Nursing for Surgical Services. This will improve the use of the existing resource and includes:
    - Reducing avoidable additional duties when other shifts within the roster template could have been used;
    - Conversion of the bank line within current ward budgets into funded establishment. This currently equates to an additional 39.47 WTE (£1.08m) which is currently used for temporary staffing;
    - Improvement of the interface between Healthroster and NHSP to allow timely shift requesting and capture of use.
- A procurement process is underway to select an appropriate provider to commence the next Nursing Associate training programme commencing April 2018;
- The creation of a Nursing pool is planned to provide 4 HCAs per shift on each site;
- Robust planning for a revision of ward skill mix in recognition of the shortage of registered nurses is progressing.

Current challenges include:

- Achieving a reduction in agency use and eliminating agency use in nursing whilst the current nursing resource is required to safely cover contingency beds as part of the escalation plan;
- Existing establishments, supported by temporary staff, are being used creatively to cope with winter pressures:
    - Seabathing and Bishopstone with 70% and 45% registered nurse vacancies respectively have been amalgamated into Seabathing ward;
    - Quex ward has moved to Bishopstone to allow Quex to be used to cohort and accommodate medical outlier patients from 20 Dec-17;
    - Cheerful Sparrows end bays, although closed since July, were required to re-open in the second week of Dec-17 to accommodate medical patients;
    - WHH and QEQMH ITUs expanded into theatre recovery, and K&CH ITU expanded into HDU during most of Dec-17;
    - The SEAU opened a 7 bedded area as an observational bay to reduce ED trolley waits in corridors;
    - Kings C2 was allocated to UC&LTC division on 20 Dec-17 and the surgical nursing team were moved to cover bedded areas within the Day Surgery Unit at WHH;
    - 1 Ashford beds were used for EKHUFT patients;
    - Hospital at Home capacity was increased from 34 to 45 beds;

- TFS Agency were engaged to support the additional medical ward areas and are now being utilised within Kings C2, Quex, ED at WHH and Cheerful Sparrows end bays.

3.6 Undertake further work to understand the complexity of evaluation of the impact of previous investment through reductions in sickness absence, reductions in use of temporary staff and improvements in patient safety through benefits realisation and report to the Strategic Investment Group.

Evaluation of the impact of previous investment was reported to the Strategic Investment Group in February 2017. Further work is planned to understand the complexity of evaluating the impact of this investment;

4. REVIEW OF CHANGES IN ACUITY AND DEPENDENCY SINCE THE MAY 2017 REVIEW.

A review of the impact of the movement of services, on 19 June 2017 was presented to the Strategic Workforce Committee on 29 September 2017 by the Divisional Head of Nursing for UC&LTC. This review focused on changes in acuity dependency from April compared to August 2017 and at this time there was insufficient evidence of any significant change.

For the purpose of this update the average acuity / dependency of patients, across the three census periods each day, across all wards during the period 1st – 15th December 2017 was used to calculate the predicted required funded establishment, with the addition of the administrative staffing requirement (ward clerk and ward manager assistant role) which are not captured by the Shelford SafeCare tool. Figure 2 provides comparison against current funded establishment and previous acuity / dependency (Shelford) at six monthly intervals since May 2016.

Variation from previous acuity / dependency is seen across many wards but some variation was observed between the three times daily census periods which may be linked to acuity and dependency changes or some inconsistency in assessment using the Shelford tool within SafeCare. Previous assessment of acuity and dependency was undertaken by senior nurses but are now carried out by the nurse in charge of each shift, often a band 5 with limited experience of using the tool. An increase in acuity / dependency may be indicated on Deal, St Augustines, the stroke units, CDU K&CH, Kings A2, Kings C1, Kings D and Bishopstone but further work commenced in January 2018 to improve and ensure robustness of data by competency assessment of nurses with access to SafeCare. It is anticipated that data reliability will be improved ahead of the April 2018 review in order to derive conclusions from SafeCare data on whether acuity / dependency has changed over time, particularly since the movement of services from K&CH in June 2017.

Figure 2. Comparison of Acuity / dependency (SafeCare) against current funded establishment and changes over time.

Specialty	Ward	Full est (WTE) Nov-17	Prof judgment (PJ) May-17	Hurst NPOB or other appropriate model	Shelford May-16	Shelford Nov-16	Shelford May-17	SafeCare Dec-17 Required staffing (+ admin)	CHPPD Nov-17 Actual staffing	Comments
CDUs	CDU WHH	72.01	56.69	76.2	58.14	68.57↑	66.09	67.79	13.1	Evaluation of K&C included now that establishment separate from MIU (previously ECC)
	CDU, QEQM	47.61	55.64	44.3	42.73	42.19	43.14	38.84	11.4	
	CDU K&C	18.18						35.60		
Medical	Cambridge J	44.65	52.0	50.6	72.64 ↑	58.31	54.61	49.73	5.9	No significant increase in acuity / dependency seen except Deal and St Augustines.
	Cambridge K	34.70	32.9	37.0	32.39	32.33	33.83	33.49	7.0	
	Cambridge M2	27.09	31.6	28.3	29.66	29.19	27.53	30.39	6.1	
	Minster Ward	31.77	35.2	32.6	34.41	34.41	33.79	37.66	6.9	
	Oxford	23.91	25.5	20.9	23.34	23.71	24.01	27.40	7.7	
	Sandwich Bay	27.62	36.5	30.3	33.73	33.73	33.73	34.89	6.5	
	St Margarets	30.61	31.5	31.5	42.67 ↑	42.67	32.45	37.00	5.8	
	Deal	35.07	36.2	38.1	43.13 ↑	43.56	43.78	48.00	5.6	
	Harvey ward	27.96	30.3	24.6	27.37	27.37	27.37	26.30	6.4	
	Invicta	29.92	34.5	33.7	30.75	34.14	34.14	36.00	6.0	
	Treble ward	29.67	30.2	24.2	18.91	22.14	23.31	28.11	7.4	
	Mount McMaster	30.49	34.7	33.7	39.80 ↑	45.03↑	50.57		5.8	
	St Augustines	36.04	35.9	37.0	40.81	43.49↑	48.12	54.20	5.8	
	Cambridge M1	26.69	28.9	27.2	25.29	34.3↑	44.47	32.66	6.1	
Stroke	Fordwich Ward	45.09	44.8	38.0*	37.43	39.06	39.06	52.27	8.9	Increase in acuity / dependency across all units but wide variation in the use of 1:1 specials with significantly higher on Fordwich.
	Kingston	37.50	38.9	42.1*	31.76	36.57	36.82	43.17	6.6	
	Richard Stevens Unit	43.31	44.4	44.8*	41.55	39.44	39.95	49.06	7.8	
Frailty	Harbledown	34.59	35.5	32.1	54.45 ↑	55.76	64.87	44.12	6.9	No increase in acuity / dependency.
	Cambridge L	38.22	41.2	34.1	43.10	43.62	43.84	42.87	6.1	
Coronary Care	CCU QEQM	22.90	22.6	25.8	18.29	18.39	17.77	20.80	7.6	No increase in acuity / dependency.
	CCU WHH	30.88	30.2	32.7	17.33	17.36	16.45	19.10	7.0	
Renal & Haematology	Marlowe	60.70	61.8	54.7	27.67	34.61↑	30.19	27.00	10.1	SafeCare does not capture all activity (acute dialysis or day case)
	Brabourne	17.59	14.6	15.1	5.11	9.42	10.02	5.60	16.9	
Gynaecology	Birchington	34.08	36.8	23.9	17.10	18.15	17.20	25.27	6.4	No increase in acuity / dependency. SafeCare does not capture all activity.
	Kennington ward	26.27	22.3	19.7	9.56	10.45	10.45	15.90	6.9	
Paediatrics	Padua	48.45	53.5	50.3		54.4		33.70	7.7	SafeCare does not capture day surgery & relocated outpatients
	Rainbow	39.52	48.2	47.3		46.9		23.50	8.5	
Surgery	Rotary	35.24	34.4	19.9	16.44	17.04	17.62	23.73	8.5	No significant increase in acuity / dependency seen except possibly KA2. SafeCare more accurately capturing Clarke activity but does not reflect trolley activity on Clarke & Kent.
	Cheerful Sp Female	29.98	34.4	38.7	30.15	29.54	29.98	26.40	6.7	
	Clarke	46.32	41.6	47.7	37.26	38.8	28.41	44.40	6.5	
	Cheerful Sp Male	34.37	38.4	38.7	31.04	28.89	28.89	25.90	7.2	
	Kent	33.40	30.2	32.6	20.20	23.36	22.95	22.50	10.1	
	Kings B	34.98	39.2	33.7	36.67	34.63	34.63	38.00	5.8	
	Kings A2	25.21	30.6	24.9	22.65	23.77	23.68	36.40	6.7	
Trauma & Orthopaedic	Kings C1	36.31	41.8	35.2	42.92 ↑	36.76	39.59	45.41	5.8	Possible increase in acuity / dependency for KC1, KD & Bishopstone. Wide variation in the requirement for 1:1 specials on Bishopstone.
	Kings C2	35.30	38.7	31.3	24.09	24.70	25.97	27.19	6.4	
	Kings D male(1)	62.48	65.6	66.4	57.08	59.09	57.64	66.56	6.7	
	Quex	25.33	25.4	25.9	19.49	21.35	18.94	21.53	5.8	
	Bishopstone	34.00	36.1	34.3	34.50	35.87	28.61	38.22	6.6	
	Seabathing	35.82	35.9	34.8	32.14	35.7	38.14	34.70	6.0	
Critical Care	ITU WHH	66.36						48.75	29.1	SafeCare application to ITUs requires more work.
	ITU QE	49.93						23.40	26.4	
	ITU KCH	39.06							34.4	

5. PROGRESS IN IMPLEMENTING RECOMMENDATIONS IN THE EMERGENCY DEPARTMENTS, NICU AND MIDWIFERY.

5.1 Emergency Departments

The last ED staffing review undertaken in 2016 highlighted the following:

- There is no national tool available to adequately determine appropriate staffing levels, therefore professional judgement and benchmarking with other Trusts was undertaken.
- A need to increase the establishment by 30 wte nurses during times of escalation. The UCLTC Division manage this risk by covering the EDs with additional temporary staff.
- When benchmarked against similar Trusts we broadly had the correct establishment assuming a business as usual context in relation to nursing staff at bands 6 and below.
- The Review proposed an uplift of the band 7 ENPs and nurse in charge roles in order to bring us in line with other similar Trusts.
- Overcrowding and flow issues were being actively managed internally and also externally through a number of improvement plans and mitigating actions.

Investment into Emergency Department staffing was agreed in May 2017. The aim of the Business Case was to ensure a future proofed robust nursing workforce to enable a patient focussed safe service.

The agreed investment was to:

1) Increase the establishments at QEQMH and WHH to ensure band 7 available 24/7, it was agreed that this be 6 wte who are able to undertake this role. This is a slight increase to the usual 5.69 wte required for 24/7 cover to take into account the increased training requirements that ED nurses require. This equated to an increase of:
    - Nurse in charge at QEQMH - 3.0 wte
    - Nurse in charge at WHH - 1.0 wte
2) Increase the banding of all ENPs Trust wide to band 7 provided they achieve the appropriate competencies. This ensured alignment with national standards where ENPs are banded at band 7as a minimum and to increase the establishment of ENP posts at QEQMH and WHH only to provide a 8am to midnight service 7 days a week with 3 ENPs covering this time period in a staggered shift pattern. In addition a band 2 technician at BHD MIU to bring this in line with the other MIUs across the Trust. This equated to an increase of:
    - ENP at QEQMH (including increased service cover) increase 3.5 band 6 to band 7 and an additional 1.2 wte band 7
    - ENP at WHH (including increased service cover) increase 3.7 wte band 6 to band 7 and an additional 2.43 band 7 posts
    - ENP at K&CH increase 10.71 wte band 6 to band 7
    - ENP at BHD increase 3.48 wte band 6 to band 7
    - Band 2 technician at BHD 2.80 wte
3) Increased establishment to safely staff the increased demand on the ED service and to ensure appropriate streaming and assessment at the front door. This equated to an increase of :
    - Band 5 at QEQMH of 8.53wte
    - Band 2 at QEQMH of 5.69 wte

- Band 5 at WHH of 8.53wte
- Band 2 at WHH of 5.69 wte

The proposal was that the staffing for this option be managed in a phased approach but due to the need to implement the business case ahead of winter it was agreed that posts within all 3 phases be recruited to as soon as possible. Most ENP posts were recruited to and most have achieved the required training and competence to be promoted to band 7. Three remaining trainee ENPs commenced the 10 week ENP course in Jan-18 and should achieve the required competence by Spring 2018.

Due to operational pressures this winter, and the increased demand within the EDs, a Rapid Assessment Tool (RAT) assessment area has been implemented and an observation bay has been introduced. Due to this expansion within the EDs further staffing is required and a review of the skill mix required using a validated observational tool is planned during February in order to inform a other business case which will be submitted by April 2018.

A further full review of ED staffing will be undertaken when the NQB Improvement resource for Urgent and Emergency Care, published in draft in November 2017, is finalised.

5.2 Neonatal Intensive Care

A comprehensive nurse staffing review was undertaken for Neonatal Services in East Kent and indicated that investment was required in the WHH NICU and the QEQM SCBU. A business case for phased investment was predicated on the fact that, within EKHUFT, neonatal staffing levels were inadequate in comparison to national recommendations (British Association of Perinatal Medicine) and national published guidelines (NICE, Department of Health (2009) Toolkit for High Quality Neonatal Services, Bliss (2011) The Bliss Baby Charter Standards) and was agreed in July-16.

The Phase 1 increase in the nursing establishment by 6.9 wte at WHH, 4.7 wte at QEQM and additional administrative support to compliment the nursing team and patient care and to enhance parental experience was largely achieved but there remains a vacancy of 2.49 wte at Band 6 Qualified in Specialty (QIS) nurses trustwide, despite national recruitment efforts. Most of the Band 6 new posts were recruited to by internal promotion however due to subsequent leavers and internal promotions to Band 7 the small vacancy remains. The band 4 and 5 posts are fully recruited to with almost 20 WTE staff recruited in the past year.

Further phased increment of staffing levels was approved over 2017/18 and 2018/19 dependent on a range of operational performance triggers based on unit activity, reduction in frequency of unit closures, increased income from activity, reduction in the use of agency staff and improvements in staff sickness levels. Unfortunately there was insufficient progress against these operational performance criteria in order for the second phase of the Business Case to be released.

Evaluation of appropriate staffing was one of the clinical indicators included in benchmarking as part of the Neonatal services Peer review, undertaken in October 2017 by the Quality Surveillance team NHS England and there were some concerns raised about the appropriateness of current staffing.

Neonatal Services are currently working on a Business Case that will focus on the need for additional resource and recruitment in order to train QIS nurses and maintain the safety and sustainability of Neonatal Services in East Kent.

5.3 Midwifery

A full Birthrate Plus assessment was reported in May-16 which indicated that current staffing levels meet or exceed recommended levels for clinical midwives and support staff. However, the outcome of the review suggested additional staff were required to provide a sustainable resource for specialist midwifery support roles e.g Safeguarding, bereavement, obesity, ante-natal, per-natal care which were undertaken by clinical staff, at that time. Priorities focused on up- skilling band 2 and 3 support workers to enable release of midwives to provide greater clinical contact time with women.

Engagement and discussion with midwifery staff was undertaken to seek suggestions and views on adjusting working patterns and shift times to provide improved cover with the existing resource. A consultation was completed on working hours that resulted in releasing 2.9 WTE midwifery time across the acute sites with the change in hours that commenced on 1.4.17. The shortfall that was identified in the Birthrate Plus in the additional resource required to sustain the specialist roles that were required that were being undertaken in clinical time was resolved.

Following the removal of the Statutory Supervision April 2017, and replacement with another widely adopted model, training and education has been provided and there are now 13 Professional Midwifery Advocates (PMA) in post providing restorative supervision to the midwives.

High levels of sickness, over 5% seen in figure 3, have impacted on staffing over the last 6 months and all sickness is being managed appropriately. NHS Professionals, and occasional agency use, is been used to supply temporary midwifery staffing.

Figure 3. % Sickness levels in midwifery 2018

April	May	June	July	August	Sept	October	Nov	Dec
4.65	5.9	6.3	5.1	5.45	5.32	4.93	5.25	5.77

Vacancy rate during the year has slowly increased and in December was 9%. Several members of staff have taken retirement, some have taken flexible retirement and others have left for personal reasons. The age profile for Maternity Services requires mapping against succession planning and active recruitment in anticipation of potential staff leaving due to early retirement. Active recruitment has continued and in January 2018 following a 2 days recruitment and selection process it is expected that the vacancy rate will reduce to 3%.

Since the Birthrate Plus review average Midwife to Birth Ratio of 1:28 has been sustained. The priority of staffing the midwifery services is to deliver 1-1 care in labour which is one of the metrics reported within the Maternity Dashboard. Performance from April to December 2017 is near or above 93%, seen in figure 4.

Figure 4. % achievement of 1:1 care in Labour 2017

April	May	June	July	August	September	October	November	December
94.4	95.5	94.4	93.9	94.0	93.6	95.4	93.7	92.9

NB The data excludes women who have an elective LSCS.

In recognition of the changing increasing acuity of the complexity of women requiring intrapartum care, Maternity Services have identified the requirement for band 7 labour ward coordinators. Achieving this will provide additional clinical leadership to allow improvements in meeting the requirement for one-to-one care (King Funds Study Safer Birth Standards –

Everybody's Business; The Royal College of Midwives (RCM), Birthrate Plus® (BR+). Further work to understand this requirement against current staffing is underway.

6. PRIORITIES IDENTIFIED FROM THIS REVIEW UPDATE:

1. The NHS Quality Board requirements in providing assurance on safe staffing are currently being met;

2. The review of the impact of the movement of services on 19 June 2017 on acuity / dependency, presented to the Strategic Workforce Committee on 29 September 2017 by the Divisional Head of Nursing for UCLTC showed no clear evidence of any change in acuity / dependency from April 2017 compared to August 201;

3. The implementation of SafeCare was completed across all wards by mid January 2018 with the aim of improving alignment of staffing required to demand;

4. No conclusion can be drawn from the acuity / dependency evaluated during December 2017 and further work is required to ensure reliability of data. Competency assessment of all nurses who have access to SafeCare is planned before evaluation of acuity dependency as part of the full April 2018 review;

5. Recruitment to the investment approved into the Emergency Departments is nearing completion but high turnover and increased activity requires further work to review required staffing;

6. Phased recruitment into the NICU investment has been suspended pending further review of staffing requirements following the Neonatal Services Peer Review undertaken in October and further work is underway to review required staffing;

7. Further work to explore required investment into Maternity Services, following the Birthrate Plus review, has been undertaken and a Business Case in being prepared to provide band 7 clinical leadership on each shift;

8. A Recruitment Strategy has been implemented to progress the Recruitment and Retention action plan and further initiatives are underway to address the registered nurse vacancy factor.