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| Date of meeting | 17 July 2018 |
| Paper number | F2 |

Bi-annual Patients' Acuity and Dependency Winter Study (February 2018)
Midwifery Workforce Review (BirthRate plus- 2017/18)

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|---------------|-------------------------------------|----------------|--------------------------|----------|--------------------------|
| For approval: | <input checked="" type="checkbox"/> | For assurance: | <input type="checkbox"/> | To note: | <input type="checkbox"/> |
|---------------|-------------------------------------|----------------|--------------------------|----------|--------------------------|

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|-----------------------------|---------------------------------------|---------------|--|
| Accountable Director | Vicky Morris Chief Nursing Officer | | |
| Presented by | Vicky Morris Chief Nursing Officer | Author | Jackie Edwards Deputy Chief Nursing Officer Sarah Needham Associate Director of Nursing |

| Alignment to the Trust's strategic priorities | | | | | |
|---|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| Deliver safe, high quality, compassionate patient care | <input checked="" type="checkbox"/> | Design healthcare around the needs of our patients, with our partners | <input checked="" type="checkbox"/> | Invest and realise the full potential of our staff to provide compassionate and personalised care | <input checked="" type="checkbox"/> |
| Ensure the Trust is financially viable and makes the best use of resources for our patients | <input checked="" type="checkbox"/> | Develop and sustain our business | <input checked="" type="checkbox"/> | | |

| Alignment to the Single Oversight Framework | | | | | |
|---|-------------------------------------|-------------------------|--------------------------|-----------------|-------------------------------------|
| Leadership and Improvement Capability | <input type="checkbox"/> | Operational Performance | <input type="checkbox"/> | Quality of Care | <input checked="" type="checkbox"/> |
| Finance and use of resources | <input checked="" type="checkbox"/> | Strategic Change | <input type="checkbox"/> | Stakeholders | <input type="checkbox"/> |

| Report previously reviewed by | | |
|-------------------------------|-------------|--|
| Committee/Group | Date | Outcome |
| People and Culture Committee | 9 July 2018 | Approved for submission to Trust Board |

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| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | <input checked="" type="checkbox"/> | BAF number(s) | 1.1 |
|---|-------------------------------------|---------------|-----|

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| Assurance in respect of: process/outcome/other (please detail) | | | |
| Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i> | Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i> | Limited assurance <input checked="" type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i> | No assurance <input type="checkbox"/> <i>No confidence in delivery</i> |

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| Recommendations | <p>The Board is asked to</p> <ul style="list-style-type: none"> • Note the results from the winter patient acuity and dependency (A&D) study, and support the use of the study results and Care hours per patient day (CHPPD) in future establishment reviews. • Note the associated actions arising from the Dependency and Acuity review outlined in the paper. • To note the Birth Rate plus review and outcomes <p>The Board is also asked to note the high level summary of outcomes and the recommendations for implementing the reviews which the People and Culture Committee will track through and monitor.</p> |
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Executive Summary

The purpose of this paper is to provide assurance to the Trust Board around implementation of the recommendations set out in the National Quality Board (NQB) guidance: 'How to ensure the Right People, with the Right Skill, are in place at the Right Time' published in 2013 and updated 2016.

Following the publication of the Francis Report (2013), it is now a requirement that all NHS organisations present a six monthly establishment and staffing levels report to their Trust Board. The report outlines whether staffing levels are adequate to meet the acuity and dependency of the patient population.

Birth Rate+ determines the staffing required for antenatal in-patient and out-patient services, postnatal care of women and babies in hospital and community care of the local population birthing in either the local hospital or neighbouring ones.

The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal Collage of Midwives (RCM) and Royal College of Obstetricians and Gynaecologists (RCOG).

Adult In-patient Ward Reviews and Outcomes (Ref 1.0 & 2.0)

The Trust continues to monitor acuity and dependency (A&D) three times a day using the daily Safer Staffing App. Twice a day, two bed meetings are held at both the Worcestershire Royal and the Alexandra Hospitals where staffing levels are discussed and resources are managed based upon patients' acuity and dependency, quality and safety indicators and issues that may affect patient safety and experiences.

The data for the Acuity & Dependency study (A&D) was collated during the month of February 2018 (winter study). The Trust utilised the Safer Nursing Care Tool (SNCT) in order to establish the recommended nursing establishment per ward based on patient acuity and dependency. The SNCT is the toolkit endorsed by NICE and expected by NHSI.

The A&D study (winter) demonstrates that there are wards with budgeted whole time equivalents (WTE) below or above the recommended studies result. The study was not able to identify (at this stage) wards where there was a low or high care hours per patient day (CHPPD) in comparison to the peer and national Model Hospital benchmark due to problems with data. Future reviews (October 2018 and January 2019) will triangulate this data and ensure a full data set from which to make clear professional judgements and inform any changes to staffing.

Due to the fact that the current establishments and financial positions are not aligned to that of the workforce establishment in October 2016, the study was not able to accurately assess the acuity and dependency staffing requirements as per budgeted WTE against that outlined by SNCT. There were areas where there was a suggestion that the staffing requirement may need to be amended (those areas where there are small bed bases: surgical division).

Repeated workforce reviews are needed outside that of the bi annual – (winter and summer

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reviews) as there has been a number of ward moves following the October 2016 review. Additional A&D studies will therefore take place in October 2018 and January 2019 prior to the business planning cycle so that new budgets are set and funded from 1 April 2019.

There was a high volume of patients with high dependency needs recorded in the A&D study. An external review at the request of the Chief Nursing Officer by an NHS Improvement workforce expert, has taken place in support of this finding. It has been suggested from that review, by NHS Improvement, that staff may have overestimated the dependency of patients. It is recommended that onsite training and inter-rater reliability assessments are provided in September 2018 by NHSI.

There is assurance that nurse: patient staffing ratios are within the national guidance, of one registered nurse: 8 patients for generic wards, and 1:4 high dependency areas. The skill mix % of Registered Nurses: Health Care Assistants (HCA) for generic wards identifies a range from 48:52 (Evergreen 1) to 73:27 (Beech B) generic wards. Given the number of ward moves and reconfigurations within Surgery and Medicine alignment of the budgets is needed and a review of those small bed based wards will be required.

High Care areas do have higher registered to HCA ratio given the dependency of the patients. These wards are within the ranges of Laurel 1 82: 8 and Laurel 3 (Haematology) 74:26 to 100% for Acute Stroke and Vascular High Care. A review is required to ensure speciality nursing skills required in these areas is meeting the staffing guidance.

Specialist areas were not included in the study as the SNCT is not validated for use on Critical Care, theatre, recovery, paediatric or maternity. Future reviews of these specialist areas will include CHPPD, available on the Model Hospital dashboard (Carter review).

Birthrate Plus (BR+) workforce review and outcomes (ref 3.0 & 4.0)

The Royal College of Midwives strongly recommends BR+ to undertake a systematic assessment of workforce requirements, since BR+ is the only recognised national tool for calculating midwifery staffing levels.

Key findings are as follows:

- Current establishment is 2 WTE above BR+ recommendations, with Birthrate plus recommending 217.01 WTE and 219.25 WTE being in post
- There is a requirement to shift the clinical skill mix to increase the number of Band 3 or 4 support staff to 19.91WTE (an increase of 17.92 WTE as there are currently 2 WTE Band 3 in post), with the corresponding reduction in Registered Midwives.
- There is a requirement to increase midwifery in the community and antenatal clinic settings.

These findings will be reviewed and considered by the Division and the Local Midwifery System (LMS) as well as being reported through to the People and Culture Committee.

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Background

1.0 Adult Staffing Reviews

The updated NQB, published 2016, provides an updated set of expectations for nursing and midwifery care staffing, to help NHS provider boards make local decisions that will support the delivery of high quality care for patients within the available staffing resource.

| Safe, Effective, Caring, Responsive and Well- Led Care | | |
|---|---|---|
| Measure and Improve -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback- | | |
| -implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing | | |
| Expectation 1 | Expectation 2 | Expectation 3 |
| Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers | Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention | Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency |

- The Board is advised that the Trust is compliant with regards to the above set of expectations through the implementation of the daily safety briefs within bed meetings across the trust.
- The Trust also continues to comply with the requirement to upload and publish the aggregated monthly nursing and health care assistant (HCA, non-registered) staffing data for inpatient areas.
- Bi-monthly reports of monthly staffing data are presented to the People and Culture Committee.

Throughout this paper, the use of the term "nursing" will apply to both registered and non-registered nurses.

2.0 The full workforce review for Midwifery services has been undertaken in conjunction with Birthrate Plus (BR+).

Wards Acuity and Dependency

The data for the A&D study was collated during the month of February 2018 (Winter).

The Trust utilised the Safer Nursing Care Tool (SNCT) in order to establish the recommended nursing establishment per ward based on patient acuity and dependency.

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The SNCT tool is a toolkit endorsed by NICE and nationally and professionally accepted.

Issues and options

1.0 The Acuity & Dependency Study (adult wards) has identified a number of recommendations from the findings:

- A repeated workforce review is needed. There has been a number of ward moves following the last review which has made it impossible to use historical data to inform current establishments. The A&D studies will take place in October 2018 and January 2019 prior to establishment reviews for April 2019.
- The results demonstrated there was a high volume of patients with high dependency. An external review at the request of the Chief Nursing Officer by an NHS Improvement workforce expert has taken place in support of this finding. It has been suggested that staff may have over-estimated dependency of patients and that training for ward staff on the use of the tool is advisable. This training will take place in September 2018.
- The current establishments and financial positions were found not to align with historical data on workforce establishments. Although the acuity and dependency staffing requirements (as outlined by SNCT) in some areas suggests that staffing requirement may need to be amended, there is assurance overall that our nurse: patient staffing ratios are within the national guidance, of 1 registered nurse: 8 patients for generic wards, 1:4 high dependency areas. Given the number of ward moves and reconfigurations within surgery and medicine alignment of the budgets is needed and a review of those small bed based wards will be required. A review of skill mix of registered nurses (those with speciality training of the speciality) in speciality ward areas will also occur to ensure right skills are in place to meet patients' specific needs.

Please see Appendix 1 for breakdown of staffing information by ward and A&D assessment, which includes findings and recommendations per division which have been put forward from the study.

Those recommendations have been followed up Deputy Chief Nursing Officer (Quality) and Chief Nursing Officer/NHSI Improvement Director with a meeting in June 2018 with each Ward Manager/Matron. These meetings reviewed numbers on shift against funded establishment and applied professional judgement model (Telford method) (SNCT).

These meetings were to provide assurance that the recommendations going forward will provide 'Right Staff, Right Skills, Right Place and Time' to meet the patient populations they serve.

2.0 Midwifery staffing review and outcomes

Birthrate plus is the recommended national tool to calculate the workforce requirement for maternity services. Worcestershire Acute Hospitals NHS Trust commissioned an external review of the midwifery workforce utilising Birthrate plus. This section reports on the results of the review and recommendations.

- Birth rate plus reviews the activity and acuity for all aspects of maternity care for

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women including antenatal, intrapartum and postnatal care within the acute and community settings.

- The results concluded that the midwifery staffing requirement for maternity services at Worcestershire Acute Hospitals NHS Trust was 217 WTE. The current establishment is 219 WTE. This provides assurance that the Trust is able to provide safe staffing levels across maternity services.
- The report suggested that consideration should be given to the utilisation of Maternity Support Workers (MSW). Current skill mix is 100% qualified staff and the report recommended implementing a 10% introduction of MSW resulting in a skill mix going forward of 90% midwives to 10% MSW.
- A quality impact assessment is first required before the proposal for implementation of this workforce adjustment with the recruitment and training of the MSW and full implementation over a 3 year trajectory.
- The report suggested realigning maternity services to provide an increase in community care. This would in turn support proposals for Better Births and continuity of care for women.

A working group will be implemented in Quarter 2 2018/19 that will take forward the work required to implement the recommendations. This will be reported and monitored through the People and Culture Committee.

Recommendations

The Board is asked to

- Note the results from the winter patient acuity and dependency (A&D) study, and support the use of the study results and Care hours per patient day (CHPPD) in future establishment reviews.
- Note the associated actions arising from the Dependency and Acuity review outlined in the paper.
- To note the Birth Rate plus review and outcomes

The Board is also asked to note the high level summary of outcomes and the recommendations for implementing the reviews which the People and Culture Committee will track through and monitor.

Appendices

Appendix 1: Breakdown of staffing information by Ward and A&D assessment

| WAT Inpatient Nursing Establishment Review Period February 1st - 28th 2018 | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------|-----------------------|------------------------|----------------------|--|----------------------------------|------------------------------------|--------------------------------------|---|-------------------------------------|--|----------------------|--|--|--------------------------------------|-------------------|--|--|
| Division | Speciality | Ward / Unit | Funded Beds/ Trolleys | Unfunded Beds/Trolleys | Total Beds/ Trolleys | E roster establishment Registered Nurses wte | E-roster establis hement HCA wte | Total Trained funded establishment | Total Funded untrained establishment | Head Room Relief % of total establishment | Skill mix % Registered Nurses : HCA | Funded registered nursing Vacancies ledger funded - contracted | Funded HCA Vacancies | Registered Nurse Bank & Agency Use February 1- 28th 18 | HCA Bank & Agency Use February 1-28th 2018 | Registered Nurse Maternity Leave WTE | HCA Maternity WTE | Total Sickness %February 18 Registered | Total Sickness %February 18 UnRegistered |
| Division Medicine | Acute Stroke Unit HASU | Acute Stroke | 21 | 2 | 23 | | | 33.13 | 21.6 | 23.78% | 61:39% | 8.94 | 1.34 | 3.20 | 6.00 | | | 1.30% | 1.54% |
| | | Acute Stroke | 8 | | 8 | | | | | 23.78% | 100% | 21.26 | | | | | | 1.30% | 1.54% |
| | Gastroenterology & general Medicine | Avon 2 | 22 | 0 | 22 | | | 16.94 | 15.94 | 23.78% | 52%:48% | 5.37 | 2.11 | 2.70 | 2.30 | | 1.23 | 6.98% | 16.59% |
| | Infectious Diseases and Renal | Avon 3 | 20 | 0 | 20 | | | 17.93 | 16.94 | 23.78% | 51%:49% | 3.39 | 2.49 | 2.60 | 2.90 | 0.77 | 0.64 | 0.86% | 9.80% |
| | Care of the Elderly Rehabilitation | Avon 4 | 24 | 0 | 24 | | | 15.46 | 23.3 | 23.78% | 40%:60% | 1.64 | 1.6 | 3.20 | 7.90 | | | 7.41% | 11.44% |
| | Cardiology both | Laurel 1 - exc CCU | 19 | 0 | 19 | | | 37.28 | 18.6 | 23.78% | 82%:18% | 1.97 | 0.28 | 5.90 | 3.80 | 3 | | 0.90% | 0.99% |
| | Cardiology - | Laurel 1 - CCU | 8 | | 8 | | | | | 23.78% | 100%:0% | | | | | | | | |
| | Respiratory | Laurel 2 | 13 | 0 | 13 | | | 25.26 | 18.6 | 23.78% | 58%:38% | 2.7 | 2.88 | 1.22 | 3.50 | | | 0.16% | 2.20% |
| | | Laurel High care | 8 | | 8 | | | | | | | | | | | | | | |
| | Acute Medicine | MAU | 22 | 0 | 22 | | | 33.95 | 15.94 | 23.78% | 68%:32% | 1.31 | 3.98 | 4.60 | 5.10 | 1 | | 0.00% | 0.00% |
| | Acute Medicine - High dependency | Medical High Care | 4 | 0 | 4 | | | 24.92 | 23.83 | 23.78% | 51%:49% | 10.28 | 0.04 | 5.60 | 2.50 | | 2.92 | 0.00% | 9.49% |
| | | Short Stay | 21 | | 21 | | | | | | | | | | | | | | |
| | Diabetes and Renal | Ward 2 | 22 | 0 | 22 | | | 16.94 | 12.36 | 23.78% | 58%:42% | 3.88 | 1.69 | 2.90 | 3.75 | | | 0% | 6.07% |
| | Acute Medicine | Ward 3 MAU | 35 | 15 | 35 | | | 33.59 | 34.88 | 23.78% | 49%:51% | 7.81 | 0.8 | 11.80 | | | | 5.27% | 10.40% |
| | Respiratory with 4 HDU beds | Ward 5 - exc HDU | 22 | 0 | 22 | | | 22.05 | 13.29 | 23.78% | 62%:38% | 4.59 | 1.72 | 7.60 | 2.00 | 1 | 0.96 | 0.17% | 0.47% |
| | Respiratory | Ward 5 - HDU marlow unit | 4 | 0 | 4 | | | | | 23.78% | 100%:0% | | | | | | | | |
| | Cardiology | Ward 6 | 22 | 0 | 22 | | | 16.93 | 13.29 | 23.78% | 56%:44% | 1.24 | 3.66 | 3.10 | 3.90 | | | 3.07% | 7.42% |
| | MFFD Cof E | Ward 12 | 27 | | | | | 20.41 | 22.26 | 23.78% | 48%:52% | 4.26 | 3.24 | 1.80 | 2.60 | | | 1.75% | 4.86% |
| | Frailty MFFD | Ward 14 | 19 | 0 | 19 | | | 14.29 | 13.29 | 23.78% | 52%:48% | 10.07 | 7.94 | 3.90 | 6.70 | 2 | | 1.55% | 0.00% |
| | Cardiology | CCU Alex | 4 | 0 | 4 | | | 12.4 | 0 | 23.78% | 100%:0 | 0.39 | | | | 1 | | 2.01% | 0.00% |
| | MFFD | Evergreen 1 | 28 | 0 | 28 | | | 19.18 | 20.6 | 23.78% | 48%:52% | 9.13 | 21.45 | 6.80 | 6.40 | | 1.88 | 14.09% | 6.08% |
| | | | | | | | | | | | | | | | | | | | |
| Division Surgery | Head & Neck | Head and Neck | 11 | 0 | 11 | | | 11.63 | 9.63 | 23.78% | 54%: 45% | 8.76 | 4.74 | 1.20 | 2.30 | 1 | 1.8 | 4.66% | 2.41% |
| | | T&O A | 17 | | 17 | | | 14.29 | 10.63 | | 57%:43% | | | 1.90 | 1.90 | | 1.8 | 14.48% | 6.78% |
| | Trauma and Elective | T&O B | 19 | 0 | 19 | | | 11.72 | 16.25 | 23.78% | 42%: 58% | | | 2.30 | 3.50 | | 0.8 | 0.0 | 25.23% |
| | Urology | Ward 10 | 21 | 0 | 21 | | | 14.29 | 11.79 | 23.78% | 55%: 45% | 2.6 | 0.52 | 1.80 | 2.70 | | | 0.0 | 8.48% |
| | General Surgery | Ward 11 Alex | 22 | 0 | 22 | | | 14.42 | 11.87 | 23.78% | 55%: 45% | 1.15 | 0.04 | 1.00 | 1.00 | | 1.00 | 11.00 | 3.28% |
| | | Ward 16 | 28 | 0 | 28 | | | 19.6 | 13.17 | 23.78% | 60%: 40% | 3.37 | 0.58 | 1.20 | 1.68 | 0.8 | 1.0 | 4.7 | 9.27% |
| | T&O | Ward 17 | 28 | 0 | 28 | | | 19.6 | 19.76 | 23.78% | 50%: 50% | 1.55 | 4.76 | 2.80 | 5.00 | | | 10.0 | 3.00% |
| | Short Stay Surgery | Ward 18 | 28 | 0 | 28 | | | 17.78 | 11.32 | 23.78% | 61%: 39% | 1.58 | 1.42 | 3.60 | 5.30 | | | 12.1 | 5.71% |
| | Surgical admissions Unit | | | | | | | | | | | | | | | | | | 0.00% |
| | | SCDU | 17 | 0 | 17 | | | 16.94 | 6.47 | 23.78% | 81%: 19% | 14.97 | | 0.90 | 2.70 | | | 7.7 | |
| | | Beech High Care | 8 | 0 | 8 | | | 15.94 | 5.31 | 23.78% | 75%:25% | | | 1.20 | | | | | |
| | General Surgery | Beech A | 20 | 0 | 20 | | | 16.94 | 11.79 | 23.78% | 59%: 31% | 3.28 | 1.78 | 0.50 | 1.90 | | | 2.42 | 6.40% |
| | | Beech B- Female | 9 | | 9 | | | 11.63 | 3.81 | 23.78% | 73%:27% | 2.76 | 2.28 | 3.00 | 1.20 | | | | |
| | General Surgery | Beech C | 17 | 0 | 17 | | | 14.29 | 11.79 | 23.78% | 61%:39% | | | 2.00 | 0.20 | | | | |
| | Vascular Surgery | Vascular Unit - High care | 4 | 0 | 4 | | | 10.63 | 0 | 23.78% | 100%:0% | 4.4 | 0.83 | 1.16 | 0.86 | | 2.73 | 1.36 | 0.55% |
| | Vascular Surgery | Vascular Unit - | 14 | 0 | 14 | | | 16.94 | 9.13 | 23.78% | 65%:35% | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Division SCSD | Ward 1 (Staffing also includes supporting day case 16 trolleys) | | | | | | | | | | | | | | | | | | 9.40% |
| | | Ward 1 KTC (12 trolleys) | 24 | 0 | 12 | | | 21.16 | 7.6 | 23.78% | 74%:26% | 3.11 | 0 | 1.20 | 0.50 | | | 1.24 | |
| | Oncology | Silver Oncology Ward | 20 | 0 | 20 | | | 16.97 | 16.75 | 23.78% | 50%:50% | 12.88 | 11.19 | 3.50 | 4.30 | 0.9 | | 0 | 1.23% |
| | Haematology | Laurel 3 | 15 | 0 | 15 | | | 30.31 | 10.85 | 23.78% | 74%:26% | 7.64 | 2.64 | 2.00 | 0.78 | 1.0 | | 6.38 | 7.47% |
| Total | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Notes:

All areas SNCT worked out on 60/40 split of RN/HCA however the following areas are 68% ; ASU, MAU's Laurel 3, Silver, laurel 1, High care is 80/20, HDU/CCU 100% ward clerks and house keepers need to be in a separate budget otherwise are seen as registered or unregistered nurse vacancies.

Surgery

5.59% bank and agency cover has been converted in WTE and in main establishment- Vicky to determine whether this is to be implemented.

Review establishment as rich in HCA staffing and skill mix

Review ward sizes to see if establishments can be made more efficient re workforce skill mix.

Review skill mix so that can be aligned towards as 60:40 staffing ratio

Review ward managers supervisory time as currently in surgery 100% and not consistent across the Trust

Review budget and ensure that establishments are split for high care areas

Plan for how Nursing Associates can sit within the budget for Jan 2019

Medicine

5.59% bank and agency cover has been converted in WTE and in main establishment

Review establishment as rich in HCA staffing and skill mix

Review skill mix so that can be aligned towards as 60:40 staffing ratio

Review ward managers supervisory time and enusre consistency across the Trust - corporate business case for all divisions needs to be put forward after CNO sign off of plan

Review budget and ensure that establishments are split for high care areas

Plan for how Nursing Associates can sit within the budget for Jan 2019

Staffing for MAU at worcester also includes AEC staff, this needs to be split out for each area. However, staffing for MAU Alex is purely for MAU but could be asked to support opening if additional capacity

SCSD

5.59% bank and agency cover has been converted in WTE and in main establishment

Review establishment as rich in qualified staff, suggest to review establishment to a 60:40 at Kidderminster ward 1 and 68:32 in oncology areas

Review ward managers supervisory time and enusre consistency across the Trust - corporate business case for all divisions needs to be put forward after CNO sign off of plan

Plan for how Nursing Associates can sit within the budget for Jan 2019

laurel 3 establishment higher than SNCT hoever this is due to sepsis nurse for walk in daycase patients and outreach to OPD and ED

Women and Children

Develop a business case so that Head room relief is consistent across the Trust

Develop a business case to adapt the Skill mix to a 90/10 skill mix and develop for Support worker establishment

Carry out a review as to how Nursing Associates could support the worforce challenges

Develop a business case as to how CAMHS nurses could support patients requiring 1:1 care, consider perminant employment of CAHH nurses

Complete a business case as part of a corporate approach across the Trust to ensure that supervisory status is consistent accross the Trust.