

**Tameside and Glossop Integrated Care NHS Foundation Trust**

Meeting date	31 <sup>st</sup> January 2019	Public	Agenda item
Title	Safe Staffing Report (Nursing and Midwifery)		12
Lead Director	Brendan Ryan, Medical Director		
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**Recommendations made/ Decisions requested**

The Board is asked to note a stabilised Care Hours Per Patient Day (CHPPD) and the planned actions to be taken to implement new staffing models including the introduction of Registered Nursing Associates (RNAs).

The Board is asked to note ongoing work around the recently published Workforce Safeguards (NHSi, 2018) which are expected to drive changes to the content of this report, including greater detail on ward establishments and assurances on the quality impact of changes ahead of an annual governance statement about safe and sustainable staffing arrangements.

**This paper relates to the following Strategic Objectives-**

X	1	To ensure our patients and users receive harm-free care by improving the quality and safety of our services through the delivery of our Quality and Safety programme.
X	2	To improve our patient and service user experience through the delivery of a personalised, responsive, caring and compassionate approach to the delivery of care
X	3	To continue to recruit and retain talented individuals whilst developing our staff and future workforce to support the integration and transformation of our services.
	4	To enable our five primate care neighbourhood hubs and key partners to enable them to deliver new integrated service models in order to improve the health and well-being outcomes for our communities through supporting people- <ul style="list-style-type: none"> <li>• to prevent ill-health and live healthy, independent lives where possible;</li> <li>• to manage any on-going health conditions more effectively in their own homes and communities;</li> <li>• To facilitate easy access to joined-up services in the most appropriate location.</li> </ul>
	5	To deliver against the required national regulatory frameworks and agreed local standards, in terms of quality, access and financial performance.
	6	To access available technologies and research to improve the outcomes for our patient population.

**The paper relates to the following CQC domains-**

X	Safe	X	Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

This paper is related to this BAF risk-	CR734/AF1.23 - The ability to consistently sustain and maintain safe nurse staffing levels and consistently deliver care hours per patient day, high quality and safe care.
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Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	Nil.
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	NHS England monthly requirement to publish and report Staffing Data  The CQC report published 7th February 2017 states that the Trust must ensure that there are appropriate numbers of nursing staff deployed to meet the needs of patients (medical services).
Sustainability (including environmental impacts)	The Trust is required to ensure staffing levels are adequate to meet patient safety and quality requirements.

## Executive Summary

This report confirms the on-going compliance with the requirement to receive and review information on nursing and midwifery staffing levels at Board level.

The report details a stabilised CHPPD and describes some actions to be taken to implement new models including the introduction of Registered Nursing Associates.

In October 2018 NHS Improvement published 'Developing Workforce Safeguards' highlighting policy and best practice in effective staff deployment and workforce planning. Included in those safeguards are new recommendations to strengthen the commitment to safe, high quality care in the current climate. An overview of those recommendations was presented to Board in the previous staffing paper. The Director of Human Resources and the new Director of Nursing and Integrated Governance are considering the recommendations to ensure that they are implemented in full.

## 1. Purpose

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with NHS England (National Quality Board) expectations and those of the Care Quality Commission.

## 2. Background

The last report to Board was presented in November 2018 and this included the September and October position.

In January 2018, the National Quality Board updated its guidance to provider Trusts which set out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. This report presents the safe staffing position as at the end of December 2018 and confirms on-going compliance with the requirement to publish monthly data on staffing levels for nursing, midwifery and care support worker staff.

In October 2018 NHS Improvement published 'Developing Workforce Safeguards' highlighting policy and best practice in effective staff deployment and workforce planning. Included in those safeguards are new recommendations to strengthen the commitment to safe, high quality care in the current climate. Work on the implementation of these is underway and an update will be provided in subsequent staffing reports.

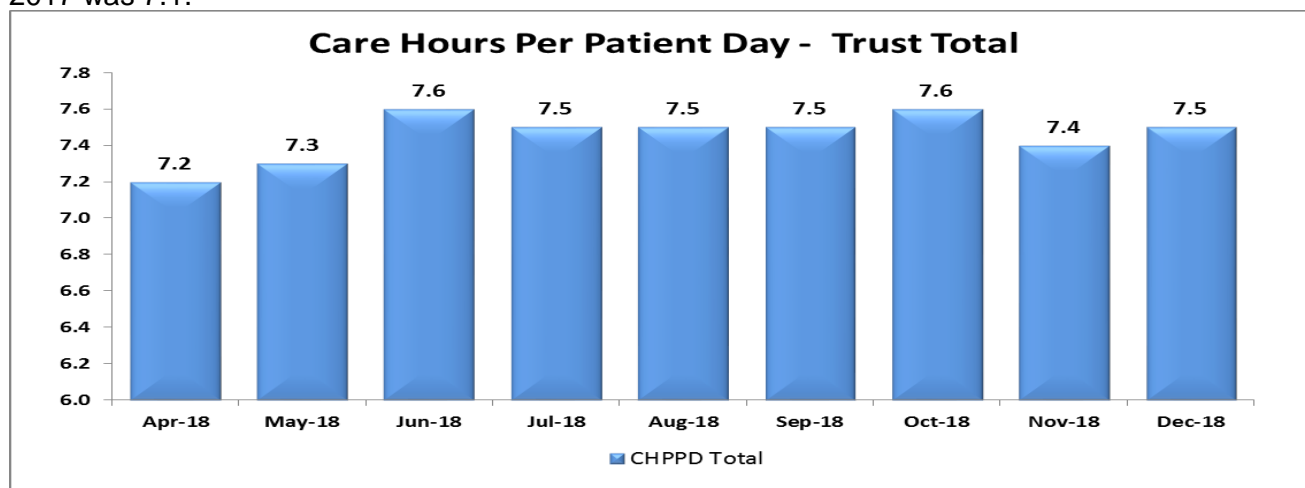
## 3. Nursing and Midwifery fill rates

The Trust Board is advised that the Trust continues to meet the monthly obligations to upload safe staffing data to the Unify system. Validation arrangements are in place to ensure that the data uploaded to the national Unify system has been signed off by a senior member of the corporate nursing team, and it is that validated data that is presented to the Board in this report.

### 3.1 Planned versus actual care hours per patient day (CHPPD).

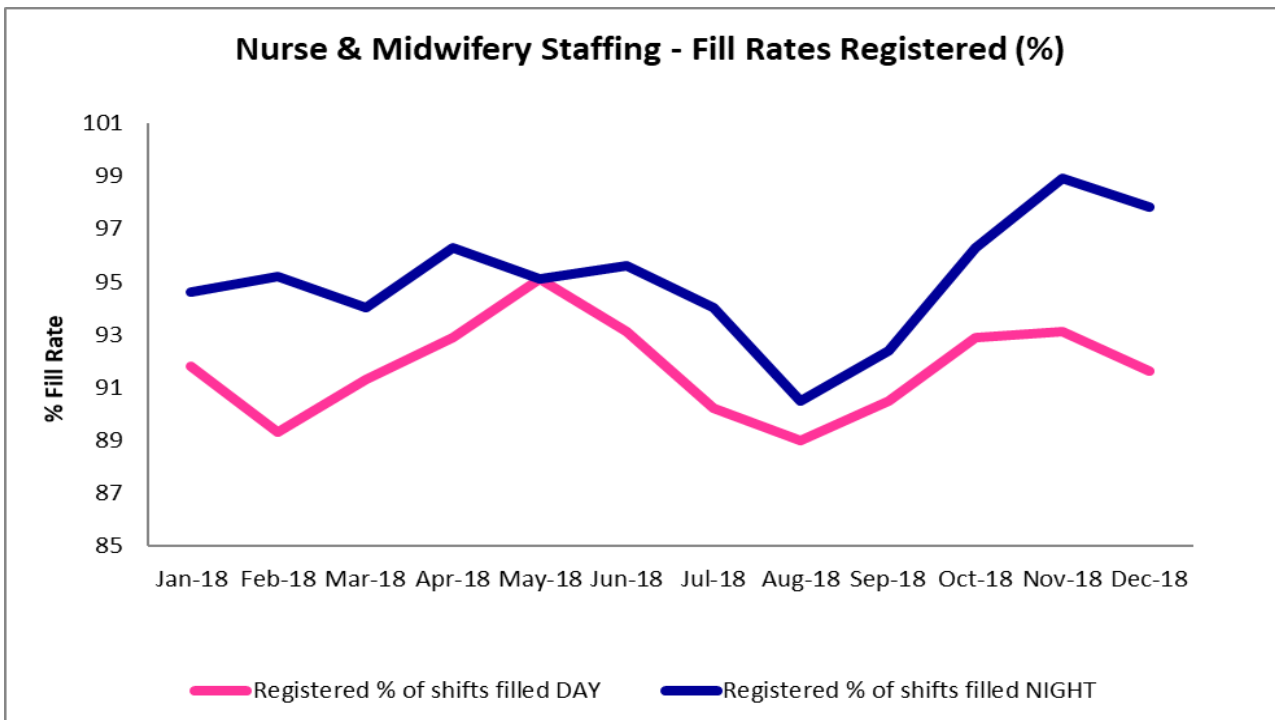
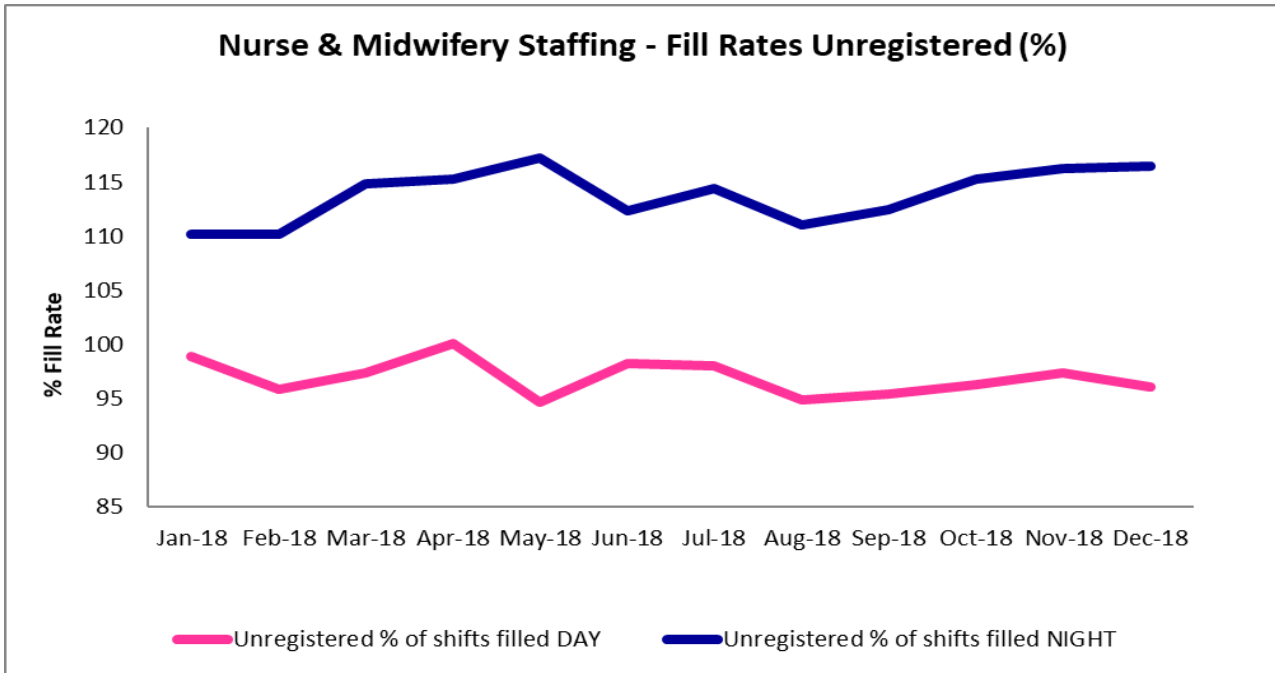
NHS Improvement Model Hospital data was refreshed in December 2018. Updated figures for October now show that the Trust's position improved compared to peers and the ICFT moved into Quartile 2 for Care Hours per Patient Day.

CHPPD for November reduced slightly to 7.4 (7.5 in December) however this was due to an increase in bed occupancy and when the Model Hospital dashboard refreshes with November/December provider information, it is likely that other organisations may have seen a similar trend. CHPPD for December 2017 was 7.1.



### 3.2 Fill rates

In November 2018 the Board was advised that Registered Nurse fill rates had improved in September and October with fewer areas than previously reporting less than 80% fill rate. During November Registered Nurse/Midwife fill rates for both days and nights improved again to 93.1% on days and 98.9% on nights. Care Support Worker fill rates also increased on both days and nights. This was followed by a slight reduction on December. Detailed information regarding the fill rates can be found in the appendices.



Fill rate information is based on current agreed staffing establishments so future planned changes to skill mix and staffing numbers may further improve this position. The recent establishment review is discussed in more detail in Section 8 of this paper.

Alternative workforce models have previously been noted within this report. Through these largely non-nursing roles, additional support has been provided to our ward based nursing teams. Roles have included RMN's, pharmacy technicians and physiotherapists. Non-nursing roles do not currently contribute to the overall CHPPD calculation unless they are included in the budgeted ward establishment. The Registered Nursing Associate (RNA) role is discussed in more detail in section 9 of this paper however it is important to highlight current NHSI guidance which states that RNAs will be included in the total CHPPD figures but will be excluded from Registered CHPPD.

#### 4. Red Flags

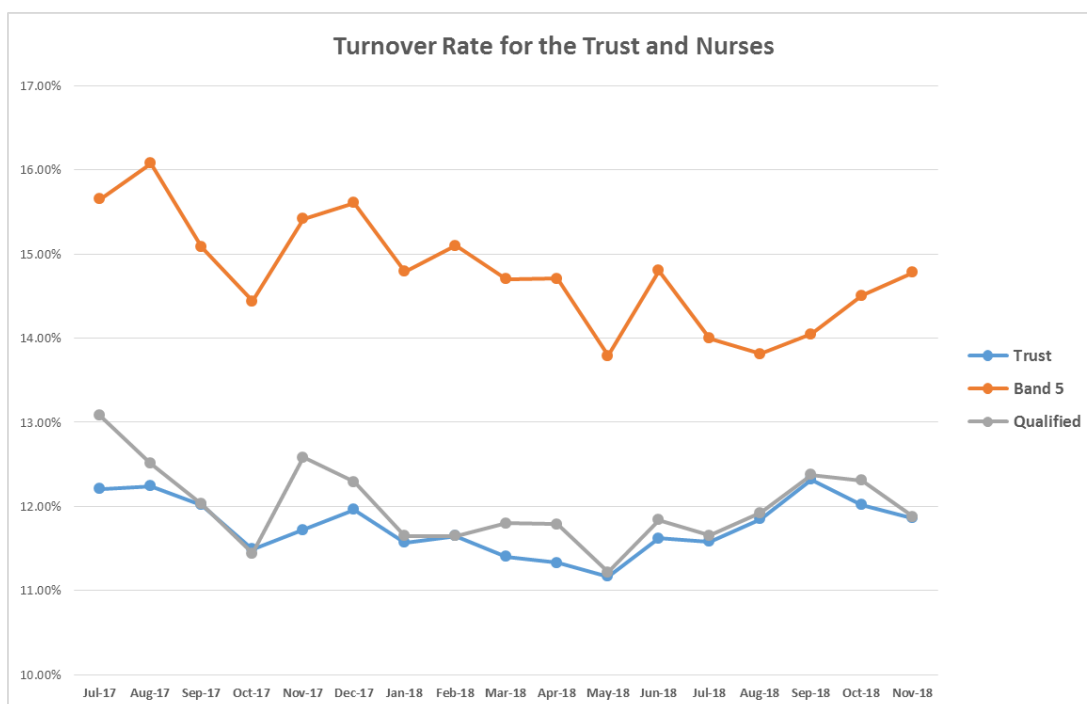
The organisation has agreed on a number of 'Red Flags'. These are defined as an early indicator that there may not be adequate staffing and are currently being reviewed by the new Director for Nursing and Integrated Governance.

The Assistant Chief Nurses for Medicine and Surgery have confirmed that there were no red flags in their areas during November and December.

Within the Intermediate Tier Service (ITS), a shortage of Registered Nurses was reported on a number of occasions during December. Each occasion was for a maximum of two hours and senior nursing staff considered the area to be safe during the time. The Head of Nursing for ITS is currently investigating these reports.

#### 5. Retention

Whilst the overall position has improved during the past year, turnover has increased in recent months. Compared to 2017 data, turnover rates increased in the same time frame last year but reduced again in January. As there are a number of staff due to commence in post during January, the same pattern may be seen.



## **6. Recruitment**

A small number of registered nursing staff commenced in post in December, with a larger number of newly qualified nurses anticipated to commence in post between January and March 2019.

The Greater Manchester recruitment campaign has now ended however a small number of enquiries continue to be received each month.

A programme of recruitment activities has been agreed for the next 6 months, with a nursing recruitment/ information event scheduled for 19th January 2019 and a further 2 events planned for March and June 2019. The January event has been widely advertised via the University recruitment forums and via social media platforms. Applications for interview are being invited from prospective nurse recruits. The Director of Nursing Designate is reviewing the current recruitment plans and programme and is liaising with the Director of Human Resources and will put forward proposals for augmenting the current arrangements.

The Recruitment & Retention Group continues to meet, where consideration is ongoing regarding TNA and Nursing apprenticeships and potential career pathway development for Assistant Practitioners. Going forwards this is to be chaired by the Director of Nursing chaired by the DCN

## **7. Roster approval**

Both the November and December rosters for all inpatient ward areas were approved and published with at least 6 weeks' notice; meeting the standard set in the e-Roster Policy. The eRostering Lead is working with the Head of Nursing for Community Services to improve the approval timescales within District Nursing.

## **8. Registered Nursing Associates**

The Nursing Associate role has been created between care support workers and Registered Nurses, and create a further entry point into Registered Nurse training. The role has been designed to provide high quality person-centred care across health and social care settings.

Graduates from the first cohort of Trainee Nursing Associates are due to qualify from Manchester Metropolitan University imminently, following which they will join the Nursing and Midwifery Council Register as Registered Nursing Associates (RNAs). The registration process is expected to take several weeks.

Work has been completed to provide the pilot cohort with a comprehensive support package on qualification, by way of a tailored preceptorship programme. Additional competency work has also been developed, supporting continuity of care and patient safety. This includes further Medicines Management training, led and supported by the Pharmacy Team. The current Trust Medicines policy has been amended to reflect this new role.

The new role will be officially launched by central government to help raise awareness with the general public. One of the Tameside & Glossop TNAs, Daniela Tedesco, was nominated by Manchester Metropolitan University as an outstanding student from the GM pilot cohort and has been chosen to represent the GM TNA collaborative at a Nursing Associate National Afternoon Reception on 6th February 2019 at the Houses of Parliament, a fantastic recognition for all the hard work undertaken and the achievements of the pilot cohort.

## **9. Acuity/SNCT**

NHS Improvement suggest a triangulated approach to deciding staffing requirements combining the use of evidence based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place and the right time.

As previously advised the Trust uses the Safer Nursing Care Tool for adult in-patient wards and recently a licence to utilise the Shelford paediatric tool was agreed. In maternity services the Birthrate+ tool is used. For the past eighteen months safe staffing reviews have involved a tripartite review of the results of review by senior nurses and midwives, finance and HR colleagues, together with colleagues from the areas being reviewed. This has provided an opportunity for discussion and the application of professional judgement alongside review of the contents of the safe staffing heatmaps and other data such as occupancy levels, theatre scheduling and the extent to which the staffing profile is made up of senior and experienced, or more junior, newly registered nurses and midwives.

All adult inpatient areas completed an evidence based acuity tool in June 2018 and a number of subsequent meetings have been held with the Assistant Chief Nurses, Ward Managers, Matrons, E-Roster Lead, finance colleagues, Interim Chief Nurse and Deputy Chief Nurse. The Registered Nursing Associate (RNA) position has been considered as part of these reviews and establishments have been agreed/proposed. One ward (40) had already been subject to review and remains the subject of exploration into patient type, acuity and required staffing. For all other inpatient areas where changes have been suggested, finance colleagues are currently costing the new models. It is anticipated that the SNCT will be repeated in spring 2019 following the introduction of the RNA's. Discussions have been held between the Deputy Chief Nurse and Assistant Chief Nurses/Head of Nursing who have agreed that they consider this to be a reasonable position and they have no current staffing concerns.

## **10. Midwifery Staffing.**

A review of midwifery staffing numbers has been undertaken using BirthRate+ (BR+) criteria and calculation tool, in line with the NICE guidance for Safe Midwifery Staffing for Maternity Settings (NICE, 2015). The midwifery staffing ratios are monitored and reported (through the maternity and SCN dashboard) on a monthly basis, this calculation is based on midwifery staff in post at the end of each month and birth numbers for the previous 12-month period. This will fluctuate each month and will enable early identification of any trend.

Using the BR+ calculation the number of midwives required (based on the number of births in the previous twelve months  $n=2368$ ) is 86.05 Whole Time Equivalents (WTE), excluding managerial and non-clinical posts. This equates to a ratio of 1:27.5.

With the exclusions and inclusions applied according to BirthRate+ guidance, at the end of December 2018 the total number of midwives included in the current staffing is 81.34WTE, against a requirement of 86.05WTE. It should be noted that there are currently 3 WTE post-registration student midwives funded from the midwifery establishment who are not included in the registered midwife numbers. On completion of their training, these midwives will be appointed to three established posts, making the current deficit only 1.71 WTE midwifery posts.

NICE guidance also requires predicted staffing levels to be calculated using numbers of predicted births in the following six months. Numbers of bookings for January 2019 to June 2019 remain consistent with previous recent years. The monthly reporting of the midwife:birth ratios on the dashboard will enable ongoing monitoring to indicate whether increases/decreases in staffing may be required.

## **11. Children's Services Staffing**

Two additional nurses have now been appointed to the Children's Unit as an interim measure as agreed to enable implementation of the Shelford acuity tool and analysis of the data. This will advise a workforce review once the summer data has been evaluated later in the year.

There are no staffing issues to escalate currently for Health Visiting and School Nursing.

## **12. NHS Improvement Developing Workforce Safeguards.**

Published in October 2018 to support providers to deliver high quality care through safe and effective staffing the document builds on the National Quality Board Guidance. The document describes how NHS Improvement will use a triangulated approach to deciding staffing requirements combining the use of evidence based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place and the right time. The Safe Staffing report produced in November contained details of the safeguards and the Trust is working to ensure the implementation of these 14 recommendations including alignment with an annual governance statement confirming safe and sustainable staffing arrangements.

## **13. Summary and recommendations**

This report confirms the on-going compliance with the requirement to receive and review information on nursing and midwifery staffing levels at the board each month.

The report details a stabilised CHPPD and describes some actions to be taken to implement new staffing models including the introduction of RNAs.

Included in this report is assurance on the ongoing work regarding detail on the recently published Workforce Safeguards which will drive changes to the content of this report, including greater detail on ward establishments and assurances on the quality impact of changes ahead of an annual governance statement about safe and sustainable staffing arrangement within nursing and midwifery, and beyond.

**Paula Flint, Deputy Chief Nurse**  
**Dawn Downing, E-Roster Lead**