

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	28 th March, 2019	Public	Agenda item
Title	Safe Staffing Report (Nursing and Midwifery)		10
Lead Director	Peter Weller, Director of Nursing and Integrated Governance		
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Recommendations made/ Decisions requested

The Board is asked to note an improvement in Care Hours Per Patient Day (CHPPD) during 2018/19 compared to 2017/18 and the planned actions to be taken to implement new staffing models including the introduction of Registered Nursing Associates (RNAs).

The Board is also asked to note ongoing work around the recently published Workforce Safeguards (NHSi, 2018) which are expected to drive changes to the content and format of this report, including greater detail on ward establishments, the inclusion of other professional groups and services and assurances on the 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.
X	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"> • to prevent ill-health and live healthy, independent lives where possible; • to manage any on-going health conditions more effectively in their own homes and communities; • To facilitate easy access to joined-up services in the most appropriate location.
X	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
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

Where issues are addressed in the paper-

This paper is related to this BAF risk-	AF1.23 (734) The ability to consistently sustain and maintain safe nurse staffing levels and consistently deliver care hours per patient per day, high quality and safe care.
	Section of paper where covered
Equality and Diversity impacts	Nil.
Financial impacts if agreed/ not agreed	NA
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 significantly improved CHPPD compared to the same period last year. The report also highlights a reduction in staff turnover and an improved vacancy position.

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 a previous staffing paper. The Director of Human Resources and the Director of Nursing 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 January 2019 and this included the November and December 2018 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 February 2019 and confirms on-going compliance with the requirement to publish monthly data on staffing levels for nursing, midwifery and care support worker staff.

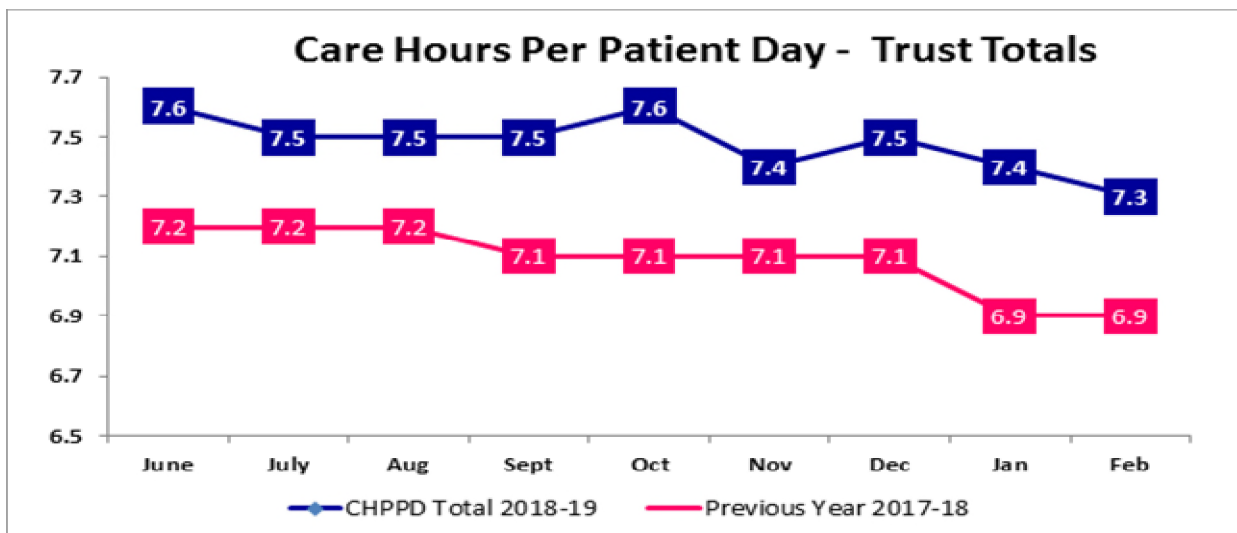
In October 2018 NHS Improvement published 'Developing Workforce Safeguards' highlighting policy and best practice in effective staff deployment and workforce planning. Included in those safeguards are new recommendations to strengthen the commitment to safe, high quality care. Work on the implementation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

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 reviewed and validated by a senior member of the corporate nursing team prior to sign-off 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).

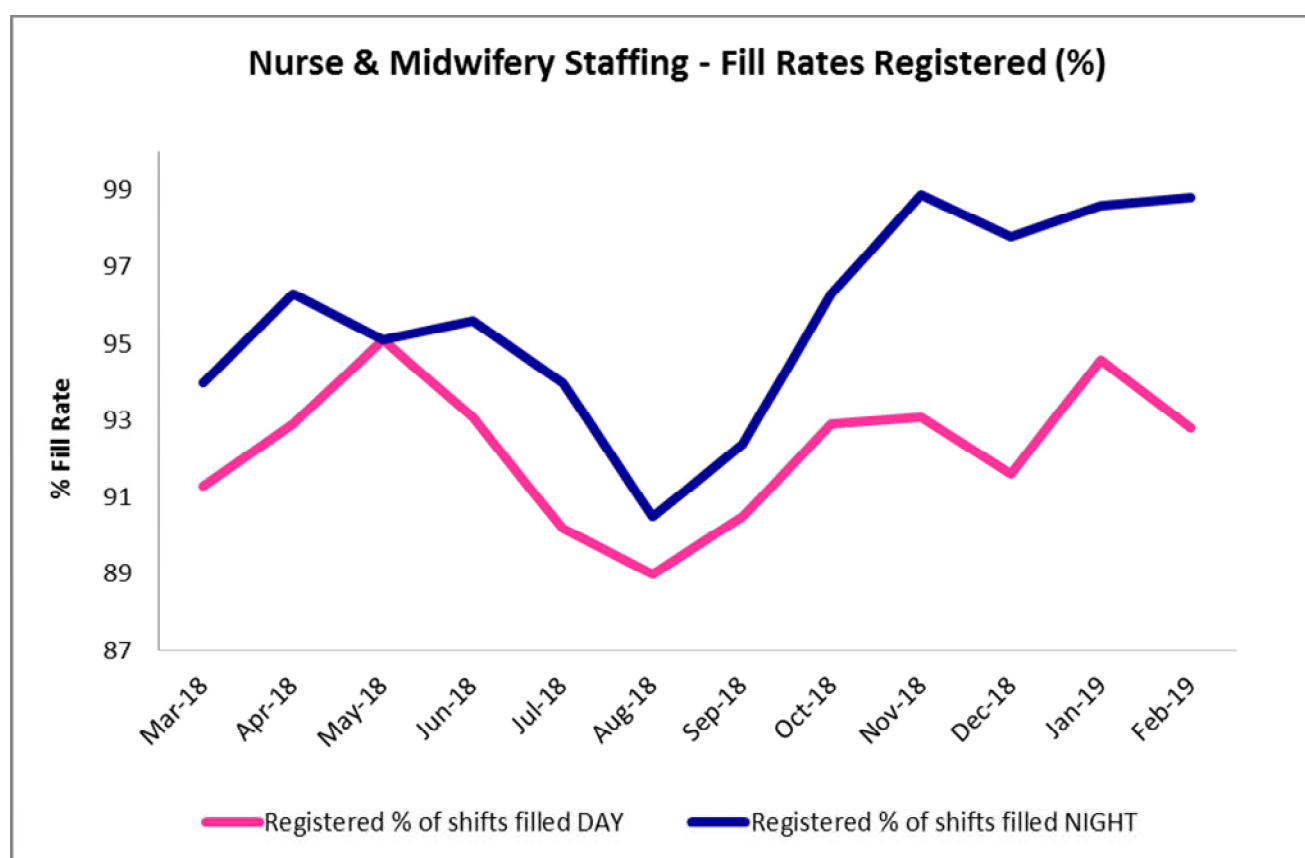
CHPPD for January and February 2019 reduced slightly compared to previous months however it remains significantly higher than the same period last year. This reduction during January and February matches the same trend as previous years and is likely to be due to a small reduction in Registered Nurse fill rates during increased seasonal demand and activity.

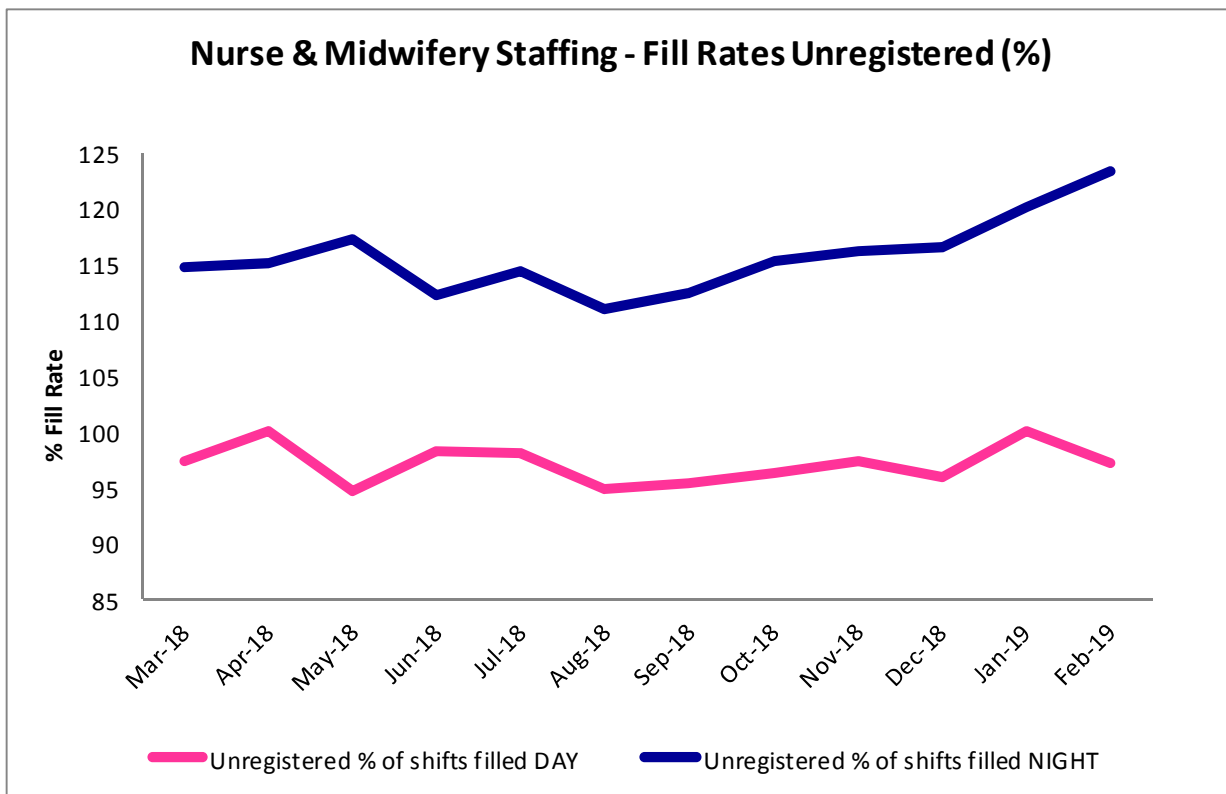


3.2 Fill rates

The Registered Nurse/Midwife fill rate for day shifts increased in January 2019 although there was a slight decrease in February. Despite this, fill rates remain higher for both January and February 2019 than for the corresponding months of 2018. The table and graphs below demonstrate overall trends in fill rate; detailed information regarding this for each inpatient area can be found in the appendices.

Month	Registered % of shifts filled DAY	Registered % of shifts filled NIGHT	Unregistered % of shifts filled DAY	Unregistered % of shifts filled NIGHT
Sep-18	90.5	92.4	95.4	112.4
Oct-18	92.9	96.3	96.3	115.3
Nov-18	93.1	98.9	97.4	116.2
Dec-18	91.6	97.8	96.0	116.5
Jan-19	94.6	98.6	100.1	120.1
Feb-19	92.8	98.8	97.2	123.3





Fill rate information is based on current agreed staffing establishments. Future planned reviews of skill mix and staffing numbers may impact this position further.

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 a range of Registered Nurse specialists, 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.

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. These are currently being reviewed by the Director for Nursing and Integrated Governance with senior nurses across the organisation.

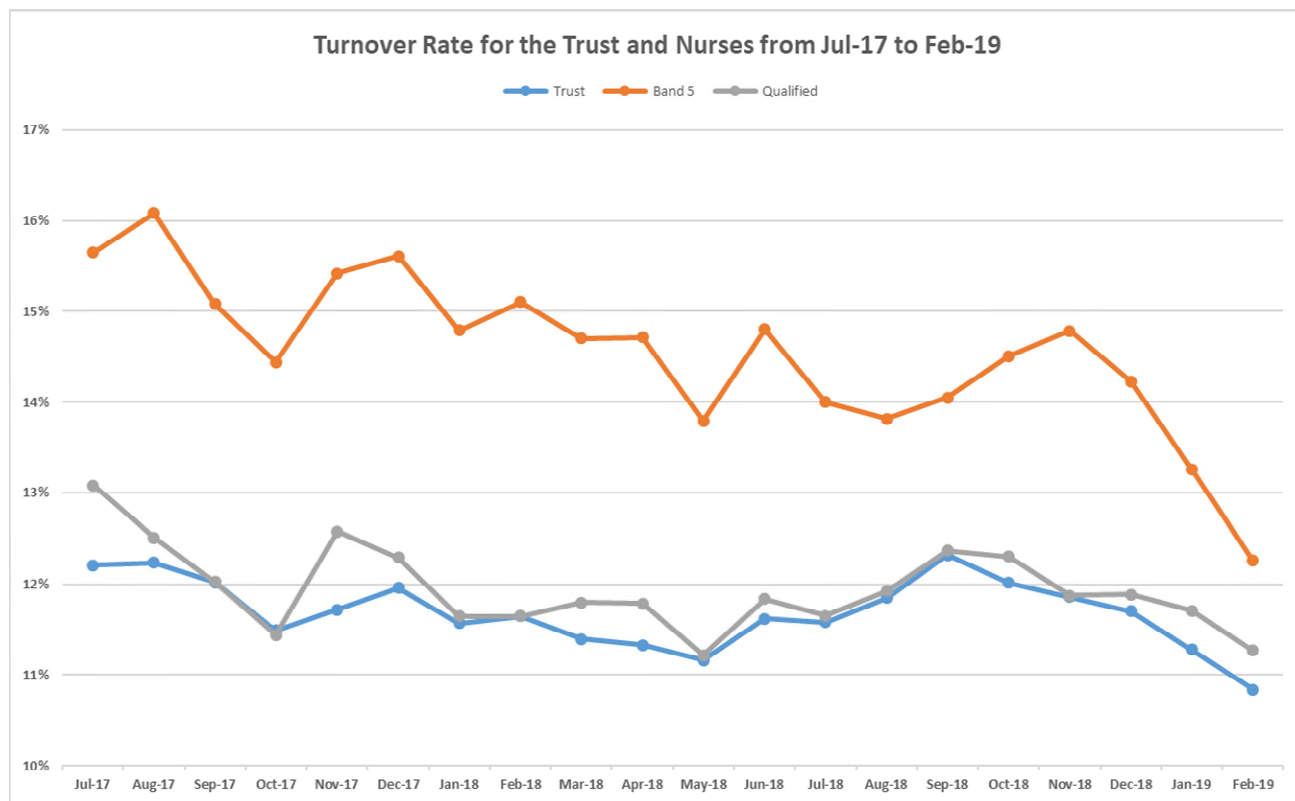
The Assistant Chief Nurses for Medicine and Surgery have confirmed that there were no red flags validated in their areas during January and February.

Within the Intermediate Tier Service (ITS), availability of Registered Nurses was reported during January and February. The Head of Nursing for ITS and Lead Nurse for Community investigated these reports which were deemed to be unplanned but action was taken to maintain safety.

Maternity have a process for reporting and managing midwifery staffing red flags in real time. Some clinical incidents are reported as red flags, but are not as a result of midwifery staffing levels. There is a validation process and this enables checking that these incidents were reported appropriately as per Trust policy.

5. Retention

The overall position has improved during the past year and it is encouraging to note that turnover has fallen during January and February.



6. Recruitment

A recruitment event was hosted on 19th January 2019 aiming to showcase acute inpatient ward areas within Medicine and Elective services to prospective band five nurse employees.

Attendees were invited to apply for posts and interviews were held on 29th January. A total of five band five Nurses were recruited of which two are registered nurses and three are Student nurses, anticipated to qualify within the next 12 months.

A small number of enquiries continue to be received each month through a variety of sources and these are managed on an individual basis as they occur.

A specific targeted advert and recruitment programme for the Stamford Unit is currently under development and various acute wards have ward-specific adverts currently posted to attract staff with the specialist skills required to work in these areas.

The Recruitment & Retention Group continues to meet, chaired by the Director of Nursing, where ongoing consideration regarding Trainee Nurse Associates (TNA) and Nursing Apprenticeships and potential career pathway development for Assistant Practitioners continues. The next trust-wide recruitment event has been scheduled for Saturday 8th June 2019 and a schedule for 2019/20 is being proposed. Focused input into sixth form colleges and education establishments is being progressed with the Director of Nursing and the Director of Human Resources working closely together, as are their teams to achieve this.

The Stamford Unit are now reporting a much reduced vacancy level of 2.82WTE support workers and 4.96WTE RN. A targeted recruitment event has been planned for the 20th March although it is important to note that staffing rates for therapists has increased and it is anticipated that this will be fully established by April 2019.

7. Roster approval

Both the January and February 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. The Director of Nursing and Integrated Governance and the Deputy Director of Nursing are dip-testing roster sign-off and checks going forwards to ensure robust oversight and scrutiny.

8. Registered Nursing Associates

The Nursing Associate (NA) role has been created to provide high quality person-centred care across health and social care settings. The role will support the Registered Nurse position and will also create a further entry point into Registered Nurse training.

The first intake of Trainee NAs completed the pilot programme at the end of January 2019 and the new role was officially launched on 5th February 2019 by central government at the Houses of Parliament to help raise awareness in the public arena. The Trust was represented at the official launch of the role by TNA Daniela Tedesco, who was nominated by Manchester Metropolitan University as an outstanding student from the Greater Manchester pilot cohort.

A total of 13 graduates from the first cohort of Trainee Nursing Associates have now completed formal training and the registration process with the NMC is underway. This process is expected to be completed by April 2019. Permanent positions as registered Nursing Associates have been identified for all members of the cohort as follows:

- Integrated Assessment Unit – x 5
- Ward 31 x 3
- Ward 41 x 3
- Radiology x 1
- Community Nursing x 1

A preceptorship programme has been developed to support the transition of Trainees in to Registered Nursing Associate (NA) roles, based on the band 5 nursing preceptorship programme. This includes additional competency work developed to support continuity of care and patient safety, such as further Medicines Management training, led and supported by the Pharmacy Team. Delivery of this programme will be overseen by the Practice Education Facilitator (PEF) team.

Several of the Tameside NA's have indicated that they plan to undertake Registered Nurse training in the future. It is anticipated a number may commence their training from September 2019.

Twelve TNAs remain on the Trust's second cohort of the programme. This group of staff are due to progress into their second year of the programme which will be overseen by the PEF team in conjunction with the Programme Lead and the University of Bolton.

9. Acuity/Safer Nursing Care Tool

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 (SNCT) for adult in-patient wards and recently a licence to utilise the Shelford paediatric tool was agreed, which is being implemented alongside RCM guidance for paediatric staffing. 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.

AMU and all adult inpatient areas within the Elective division completed an evidence based acuity tool in January and February 2019 with a number of subsequent meetings planned with the Divisional Directors of Nursing, Ward Managers, Matrons, E-Roster Lead, finance colleagues and Deputy Director of Nursing to review the data collated from the process.

The Registered Nursing Associate (RNA) position was previously considered as part of the June 2018 review following which establishments were agreed/proposed.

A further full SNCT review is scheduled for June 2019 following the introduction of the RNA's and planning days are scheduled for May 2019.

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. Throughout January and February, the midwife:birth ratio has remained at 1:29, maintaining the improved position from last year.

There is significant workforce planning and business case development underway in maternity to reflect national and local transformation programmes including Better Births, Saving Babies Lives and recommendations in the NHS long-term plan.

11. Children's Services Staffing

Two additional nurses have been appointed to the Children's Unit with recruitment underway for a further 1.5 whole time equivalent posts. Implementation of the Shelford paediatric acuity tool alongside the RCN guidance for paediatric staffing will advise a further workforce review once data is available reflecting both the winter and summer months.

School Nursing posts are fully recruited to which is a significant achievement as this has previously been a hard to recruit to area.

Health visiting vacancies have also significantly reduced and there are currently 2.5 wte vacancies out to recruitment. Other posts have been appointed to with successful candidates awaiting start dates. We also currently have 5 Health Visiting students in the organisation who complete training later in the year, who we are hoping to retain upon qualification.

12. NHS Improvement Developing Workforce Safeguards (DWS).

Published in October 2018 to support providers to deliver high quality care through safe and effective staffing, the Developing Workforce Standards 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 recommended safeguards and the Trust is working to ensure the implementation of these 14 recommendations.

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 an improved CHPPD compared to the same period last year 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.