

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

Meeting date	22 <sup>nd</sup> May 2019	<b><u>Public</u></b>	Confidential	Agenda item
Title	Safer Workforce Paper			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 including a stabilised Registered Nurse: patient ratio.

The Board is also asked to note ongoing work around Workforce Safeguards (NHSi, 2018) which are expected to drive changes to the content and format of this report, including greater detail on ward establishments and the inclusion of other professional groups and services. There will also be additional 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	Deliver safe and caring services
X	2	Improve our patients' and carer's experience of our services
X	3	Support the health and wellbeing needs of our community and staff
X	4	Drive service improvement, innovation and transformation
X	5	Develop our workforce to meet future service and user needs
X	6	Use our resources wisely

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

X	Safe	X	Effective
X	Caring	X	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 is compromised as a result of National Registered Nursing shortages and the impact of National training programmes. This impacts on the organisations nurse staffing vacancies and the ability to consistently deliver high quality, 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	NA
Regulatory and legal compliance	<p>NHS England monthly requirement to publish and report Staffing Data</p> <p>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).</p>
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 the board each month.

The report details an improved CHPPD compared to the same period last year and includes some detailed information regarding fill rates and the use of temporary staff.

Included in this report is reference to the new Nursing Workforce Planning Group which will oversee recruitment, retention and temporary staffing across the organisation.

## **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 March 2019 and this included the January and February 2019 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 March 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 in the current climate. Work on the implementation of these is underway and will be discussed at the newly formed Workforce Planning Group.

## **3. Nursing and Midwifery fill rates**

The Registered Nurse/Midwife fill rate for day and night shifts increased in March 2019 although fill rates for non-registered staff decreased (as noted in Section 3). The table and graphs below demonstrate overall trends in fill rate; detailed information regarding this for each inpatient area can be found in appendix one.

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

CHPPD for March 2019 reduced compared to previous months although it remains higher than the same period last year. CHPPD is expected to increase again during April 2019. Detailed interrogation of the data shows that the March reduction is largely made up of non-registered Nursing staff, with an overall stable position for Registered Nurses.

Of the 9 medical inpatient areas 6 areas showed a reduction in non-registered CHPPD in March 2019 contributing to the reduction in overall nursing CHPPD.

Where some of the medical areas saw a reduction in RN fill rates, this was compensated by a >100% fill rate for non-registered staff and the reduced fill rates in these areas does not correlate with any increase in incidents, complaints, medication errors or infection control issues. Senior Nurse Leaders report that recruitment to vacant posts is in progress and plans are in place to consider other workforce options for difficult to recruit to areas.

During March a reduction in overall fill rates (reduction of 1.2%), an increase in bed occupancy and an increase in annual leave in a number of areas will also have contributed to the reduction in overall CHPPD.

### 3.2 Fill rates

The Registered Nurse/Midwife fill rates remained stable at an average of >95% of shifts filled throughout March. Fill rates for non-registered staff decreased slightly although they too remain >95%. The table below demonstrates overall trends in fill rate; detailed information regarding this for each inpatient area can be found in the appendix one.

Month	Registered % of shifts filled DAY	Registered % of shifts filled NIGHT	Unregistered % of shifts filled DAY	Unregistered % of shifts filled NIGHT	Overall Average
Oct-18	92.9	96.3	96.3	115.3	100.2%
Nov-18	93.1	98.9	97.4	116.2	101.4%
Dec-18	91.6	97.8	96.0	116.5	100.5%
Jan-19	94.6	98.6	100.1	120.1	103.4%
Feb-19	92.8	98.8	97.2	123.3	103.0%
Mar-19	94.4 ↑	98.3 ↓	95.9 ↓	118.7 ↓	102.0% ↓

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

### 3.3 Non Ward- Based Staff

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.

Implementation of AHP's on to the e-roster is scheduled for Oct/November 2019 and this will support the planning of safer staffing levels. The Divisional Manager for Therapies has confirmed that Team Leaders have oversight of the annual leave/vacancies and ensure that they are staffed safely. At the moment, the AHP teams do not utilise an acuity/safer care tool, however they do prioritise patients based on need. Non-nursing roles do not currently contribute to the overall CHPPD calculation unless they are included in the budgeted ward establishment.

A review of the staffing and the support provided by pharmacy will be included in the subsequent staffing report.

### 3.4 Temporary Staffing (NHSP and Agency)

The monthly fill rates referred to section 3.2 include shifts covered by temporary staff. The table below indicates the percentage of our total hours filled which can be attributed to bank or agency staff. During March 2019 of the 102% of total hours filled, 82% were filled by staff working substantive shifts and 20% were covered by temporary staff. The areas included in this calculation are the 20 inpatient ward areas as shown on the Heat map (Appendix one). For a more detailed review of temporary staffing percentage split by day and night and staff grade, please refer to Appendix one.

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Percentage of shifts in inpatient areas covered by NHSP/Agency staff	22.08%	23.81%	20.69%	23.42%	26%	20%

The Nursing and Midwifery Temporary Staffing Group have oversight of bank and agency use in the organisation and identify a specific area for additional scrutiny each month. During March the group reviewed Ward 40 and the 3 floors of the Stamford Unit using data provided by NHS Professionals and our own intelligence such as sickness levels, and all leave taken in-month. Senior leaders are invited to attend to provide assurance and escalate any issues of concern.

In order to streamline some processes the Director of Nursing has established a Nursing Workforce Planning meeting which is an amalgamation of the Nursing & Midwifery Temporary Staffing Group and the Recruitment and Retention Group. The first meeting is scheduled to be held in May 2019.

**4. Red Flags**

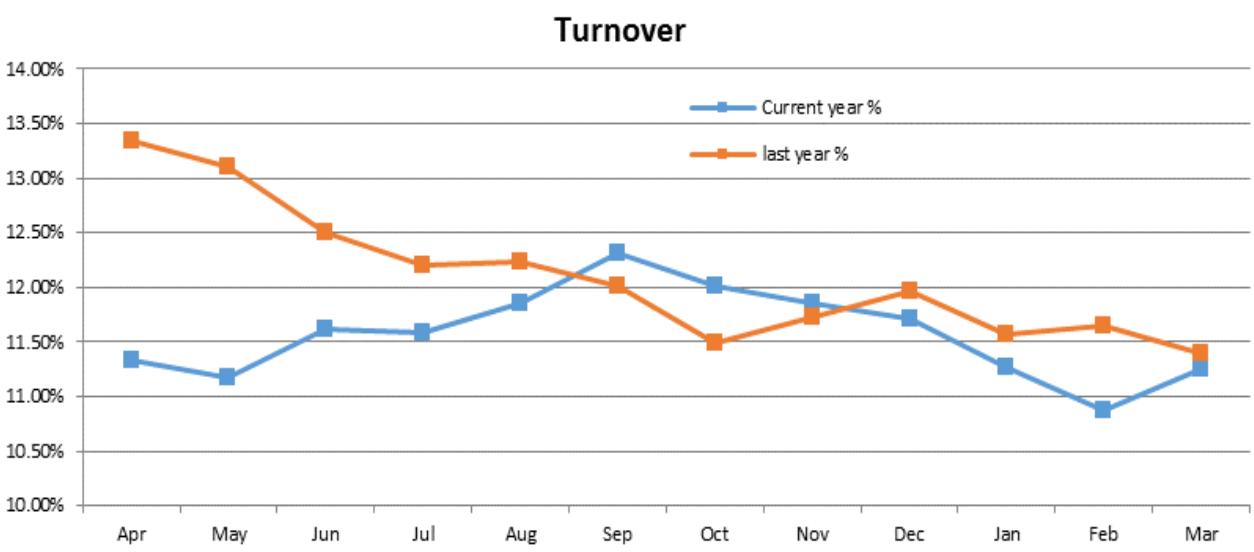
The organisation has agreed on a number of 'Red Flags', in line with national recommendations for nurse staffing red flags. These are defined as an early indicator that there may not be adequate staffing, and there is an established process in place whereby staffing levels across all areas are collated and reviewed prior to each bed meeting, four times daily, and staff moves are made as required to ensure safe staffing levels are maintained across all areas. The process for validating a monthly red flags report is currently being reviewed by the new Director for Nursing and Integrated Governance.

The Nursing Leadership team for inpatients and the Intermediate Tier service have confirmed that there were no red flags validated in their areas during March.

Maternity have a process for reporting and managing midwifery staffing red flags in real time. Some 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. There were no validated red flags in maternity during March 2019.

**5. Retention**

The overall turnover position has improved during the past year however it has risen slightly in March 2019 to 11.98%. Colleagues in Human Resources are monitoring this to determine whether this trend continues into April.



## **6. Recruitment**

A recruitment event was hosted on the Stamford Unit during March with a specific focus on the intermediate tier service. Planning also took place for local careers events scheduled to be held during April, along with specific nurse recruitment events during May and June. Further details to this will be provided in subsequent staffing reports.

The Medical Division is currently reporting a total of twenty one Registered Nurse vacancies with five support worker posts available. The Trust has ten Registered Nurse vacancies across surgery and orthopaedics with 12 support workers – nine of which have been appointed to. The vacancy position is currently obtained through a variety of colleagues within divisions and corporate services including Human Resources. Work is underway to develop a process whereby one agreed accurate vacancy position is held at all times.

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 new workforce planning group has been established which will coordinate recruitment and retention as well as interrogating information, data and plans around temporary staffing.

## **7. Roster approval**

During March 2019, 60% of rosters were signed-off within the agreed six-week timeframe including all surgery women's and children's inpatient areas and the Stamford Unit. The reduction in timely sign-off was predominantly in Medicine and related to changes in senior Nursing positions. It is anticipated that this will be resolved for the rosters due for completion during April.

The eRostering Lead is producing updated rostering KPI reports which will be circulated in May 2019. The reports will demonstrate performance compliance in key areas such as roster sign off with 6 weeks' notice, annual leave management and shifts with missing skills.

## **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.

Thirteen graduates from the first cohort of Trainee Nursing Associates are now registered with the Nursing and Midwifery Council and are working within the acute hospital site. 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. One of the graduates has taken up a position within community adult nursing.

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. Midwifery Staffing**

The midwife:birth ratio at the end of March remained constant at 1:29.5 which is in line with national recommendations. There is also a current increase in midwifery vacancies due to maternity leave, retirement and midwives leaving for career progression/promotion opportunities in other organisations.

These posts are all out to advert currently. A business case is being developed to address the Better Births requirements regarding Continuity of Carer.

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

A business case for Paediatric Staffing in ED has been developed, in line with national standards and recommendations. This was presented to the Capital and Resource Investment Group (CRIG) in May and accepted by the Group.

School Nursing services continue to be recruited to established levels, and recruitment to the remaining vacant Health Visitor posts is in progress.

A review of the Children, Young People and Families (CYPF) workforce is being undertaken by the Divisional Nurse Director for Surgery, Women's and Children's Services, against national standards and recommendations, the outcome of which will be reported in a future Safe Staffing report. The review is part of a wider service review with the service transformation team.

## **11. NHS Improvement Developing Workforce Safeguards (DWS).**

The Developing Workforce Safeguards were published in late 2018 to support providers to deliver high quality care through safe and effective staffing, building on the National Quality Board Guidance. The document describes how NHS Improvement will use a triangulated approach to decide 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 at the right time.

The Safe Staffing report produced in November 2018 contained details of the recommended safeguards and the Trust is working to ensure the implementation of these 14 recommendations. Work on the implementation of these is underway and will be discussed at the newly formed Workforce Planning Group.

## **12. 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.

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