Tameside and Glossop Integrated Care NHS Foundation Trust

TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Report to Public Trust Board meeting of the 22nd February, 2018

Agenda Item	9
Title	Safe Staffing Report (Nursing and Midwifery)
Sponsoring Executive Director	Tracey McErlain-Burns, Interim Chief Nurse
Author (s)	Tracey McErlain-Burns, Interim Chief Nurse
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. Other than receipt of the report and comment on whether there is any other information required there are no specific actions for the Board.
Previously considered by	This report has been generated for the purpose described above and not presented elsewhere.

Executive Summary

In summary this report details the latest position in relation to nursing and midwifery staffing.

The report is shorter this month because several areas of development are due to report in March and April such as the outputs from the Safer Nursing Care Review (adult inpatient wards), midwifery staffing review, and children's ward staffing review, an update on the adult community nursing pilots and the decision on temporary staffing bank rates.

The key issue for the Board to be aware of this month is the reduction in CHpPD and the reason for this is explained in the report. There are no actions for the Board to consider in relation to the CHpPD. Subject to the assumptions described the CHpPD should increase next month and once the list of non-ward based nurses has been confirmed a trajectory for further improvement can be calculated.

Related Trust Objectives	1. All patients and users receive harm free care through the delivery of the Quality & Safety Programme. 2. To improve our patient and service user experience through the delivery of a personalised, caring and compassionate approach to the delivery of care. 3. To develop our staff and future workforce to support the integration and transformation of our services whilst ensuring we recruit and retain talented individuals.
Risk Assurance – risk impacted upon	**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.

Legal implications/Regulatory requirements	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).
Financial Implications	There are no new immediate financial implications
Has a quality impact assessment been undertaken?	Yes – where applicable in plans
How does this report affect Sustainability?	The Trust is required to ensure staffing levels are adequate to meet patient safety and quality requirements.

Action required by the Board

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 areas of concern remain unchanged; they are the inability to fill shifts with substantive employees and the need to use temporary staffing solutions coupled with the high use of temporary staffing solutions on night shifts because these are the preferred shifts of those workers.

It is recommended that the Trust Board receives the report and indicates if there are any further actions and / or information required.

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 2018 and this included the December 2017 position.

In July 2016, 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 31 January 2018 and confirms on-going compliance with the requirement to publish monthly data of staffing levels for nursing, midwifery and care support worker staff.

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.

In-patient care hours per patient day (CHpPD) are provided in the heat map attached at appendix 1. Last month the Interim Chief Nurse advised the Board of the requirement to include additional Lord Carter Model Hospital Metrics in the heat map, specifically vacancy rates, sickness rates and annual leave allocation. Due to the timeframes for producing Board reports it is not possible to include vacancy rates and sickness rates both of which are reported on the 15th of the month however annual leave allocation has been included. With the exception of Registered Nurses on Stamford 1 and Shire Hill both of which allocated a higher percentage of RN annual leave than the roster can accommodate in a month, the majority of wards achieved the ideal levels of leave allocation.

The Board will note a drop in the CHpPD from 7.1 to 6.9. There are two reasons for this; firstly CHpPD is a calculation of the cumulative count of the patients in in-patient facilities, across the month, at 23:59 hours divided by the number of staff hours.

In January 2018 the cumulative count of patients was 15483; the highest level in the past 12 months. For the purposes of comparison the cumulative count in December was 14853 and in January 2017 the count was 14248.

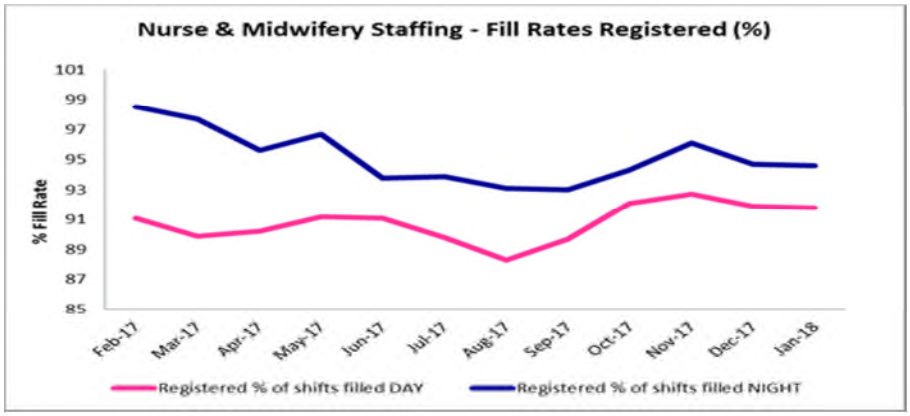
The second reason from the drop relates to the temporary use of ward 43 as winter escalation capacity. In addition to the cumulative count of 15483 there were 173 patients cared for at 23:59 hours on ward 43. Ward 43 was staffed with a combination of substantive, experienced nursing and care support worker colleagues and flexible workers; in total 1417 hours.

The Board will recall a previous conversation about new roles such as the ward based pharmacy technician being excluded from the Unify returns. Had the hours provided by those roles on ward 42 and the Dining Companions been added, the CHpPD would have been 7.0. Had escalation into ward 43 not been necessary, the 1417 hours would have been worked across the other wards and this would have resulted in a CHpPD of 7.1.

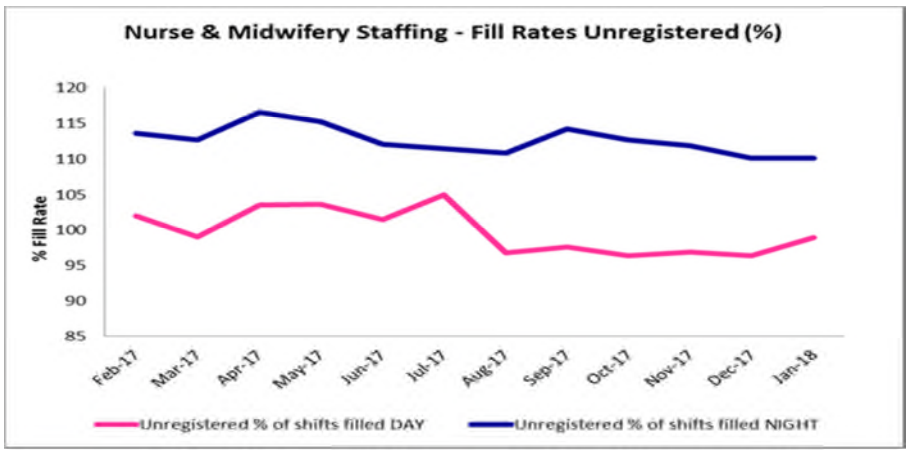
Details regarding the non-ward based nursing contribution are covered later in the report. For now, in the context of the CHpPD, non-ward based nurses contributed (within the calculations above) 288.5 hours of care.
Assuming a reduction in the cumulative count of patients at 23:59 hours; less demand for in-patient escalation and an increase in non-ward based nursing contribution in February the CHpPD should be at least 7.1.

Month	Apr 17	May 17	June 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18
CHpPD	7.4	7.5	7.2	7.2	7.2	7.1	7.1	7.1	7.1	6.9

3.2 Fill rates
Last month the Board noted a slightly improved Registered Nurse / Midwife fill rate over a three month period. That position has been sustained in January 2018. (Note the graph below).



Unregistered (care support worker) day time fill rates have reduced since July but were marginally improved in January. As previously reported this figure is influenced by the children's ward due to the movement of care support workers from days to nights to support the 24 hour opening of the observation and assessment unit. The Board should note that a Children's Unit staffing review is underway driven by this change in service provision. (Note the graph below).



Of note, as detailed in the heat map attached, Registered Nursing temporary staffing fill rates, especially on nights are high in two particular areas; ward 31 and ward 42. Both of

these areas have active recruitment campaigns, and on ward 31 the senior experienced nurses are rotating onto nights to provide leadership.

In summary the fill rates for January 2018 are detailed in the table below. The Trust Board has previously been advised of the actions being taken to address the shortfalls in shift fill rates including a focus on retention, creative recruitment, the deployment of non-ward based nurses to vacant shifts and a reduction in the percentage of supervisory hours allocated on the roster to ward based leaders. An update on these actions is included in this report.

Day (Jan 18)		**Night (Jan 18)**	
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
91.8	98.9	94.6	111.1

4. Retention

The focus on retention was detailed in the report last month. Specifically the Board was advised of the aspiration to reduce Registered Nurse turnover to less than 12% over a rolling 12 month period by 31 March 2018. Subject to validation, data available 07 February indicates that overall RN turnover was 11.7% in January 2018. This will be verbally confirmed at the Board meeting.

Secondly the Board was advised of the launch of the Senior Independent Nurse role. Thus far the Deputy Chief Nurse has received two contacts in the context of that role and is working with both post holders to explore their retention within the ICFT.

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5. Recruitment

The most recent recruitment event was held on 27 January with a focus on maternity services and the medical wards. In total 11 offers were made for Registered Nursing positions; three new colleagues being able to commence employment as soon as clearances have been obtained; 7 commencing in September 2018 and the remaining 1 colleague not being available until March 2019.

Most of the applicants for maternity services (16 out of 19) were student midwives due to register in September 2018. On the basis that most student nurses and student midwives attend multiple interviews before determining which position to accept, all have received provisional offers. The remaining three applicants are Registered Midwives, one of who requires return to practice support.

Recruitment events are very resource intensive, usually held during the evenings and at weekends with senior HR and nursing / midwifery colleagues volunteering their time. This type of event will continue but over the next few weeks there will be a review of our marketing, the use of our unique selling points and the scope for further campaign reach.

In 2017 the Trust considered overseas recruitment and at that time a decision not to pursue this route was taken. Several factors informed that decision including the commence of the Trainee Nursing Associate pilot and levels of turnover at the time. Recognising that overseas nurses require adaptation support it was felt at the time that the substantive Registered Nurses would struggle to train the Nursing Associates, mentor existing students,

precept a large cohort of new registrants and enable a well-supported adaptation programme.

Having now embedded the Trainee Nursing Associate role and improved retention; reduced turnover it is appropriate to revisit that decision and as such an update will be provided next month.

6. Non-ward based nursing contribution to direct patient care (and Trust Efficiency Programme (TEP)

During the Board meeting last month the Interim Chief Nurse advised that she was moving to recommend that all non-ward based nurses contracted to work a minimum of 30 hours per week (in their non-ward based role) should work one clinical shift per month, every month, unless medically exempt. This was supported by the Board.

In January 2018 non-ward based nurses worked a total of 28 shifts and contributed 288.5 hours to direct patient care.

A line by line review of all non-ward based nurses is taking place and in February a letter will be sent to all nurses / midwives contracted to work a minimum of 30 hours (in their non-ward based role) explaining the expectation. The expectation has already been discussed at the Nursing and Midwifery Leadership Forum where it received support.

7. Roster approval

For the four-week roster period commencing 16th March, 30 of the 42 rosters (71%) were approved on time. The remaining 12 (29%) were approved within a week of the required date.

The Board should note that roster approval compliance is now included in the heat map at appendix 1. For all areas out with that heat map, e.g. areas other than in-patient wards compliance will be reported and managed through the Nursing and Midwifery Temporary Staffing Group.

8. Safe staffing consultations

In January 2018 the following Safe, Sustainable and Productive Staffing resources were published by the National Quality Board:

- An improvement resource for maternity services.
- An improvement resource for adult inpatient wards in acute hospitals
- An improvement resource for the district nursing service

Each of these improvement resources is being used in the reviews of safe and sustainable staffing.

9. Areas of concern

The areas of concern remain unchanged; they are the inability to fill shifts with substantive employees and the need to use temporary staffing solutions coupled with the high use of temporary staffing solutions on night shifts because these are the preferred shifts of those workers.

10. 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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T McErlain-Burns
Interim Chief Nurse