TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Report to Public Trust Board meeting of the 25 January 2018

Agenda Item	
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 and describes a range of approaches being taken to improve overall fill rates. Specifically the board should note that care hours per patient day have reduced over the year and for the past 4 months the rate has been 7.1.

Registered Nurse fill rates on days for the month of December were 91.9% and 94.7% on nights enabled through the use of temporary staffing, the release of supervisory time from both ward sisters and matrons and the contribution of some non-ward based nurses / midwives.

Retention has improved over the year and the bounce in one month (November) should not at this stage be a cause for any concern.

Finally the report details an analysis of adult community nursing activity and describes how this analysis is being used to derive the benefits for patients, of being an integrated care organisation.

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 key concerns are shift fill rates which remain very challenging and are managed at several points across each day by senior nurses and midwives.

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 November 2017 and this included the October 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 December 2017 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.

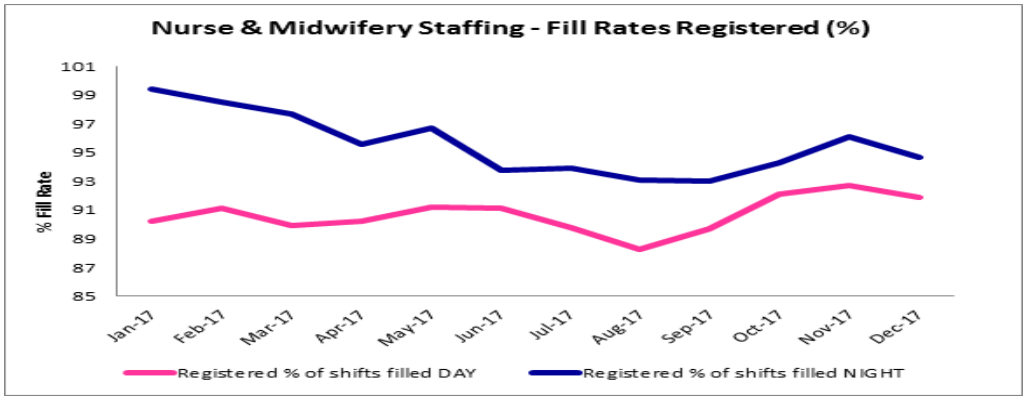
In-patient care hours per patient day (CHpPD) are provided in the heat map attached at appendix 1. This heat map has been developed over the past 6 months. It is anticipated that next month it will include the additional Lord Carter Model Hospital Metrics; vacancy rates, annual leave allocation and sickness absence rates by in-patient area.

In summary the planned Registered Nursing / Midwifery CHpPD for December was 3.5 hours per day and the actual achieved was 3.6. Similarly for care support workers the planned CHpPD was 3.2 and the actual achieved was 3.5. The overall combined CHpPD for in-patients was therefore 7.1. The table below shows the reduction in CHpPD over the year. This is a key metric for the Board to monitor on the basis that the movement from 7.4/7.5 to 7.1 has moved the Trust from quartile 2 to quartile 1 in the Model Hospital. The Interim Chief Nurse is reviewing the possible measurable impact of the actions described in this report to be able to predict when an improvement in CHpPD is likely. An update will be provided next month.

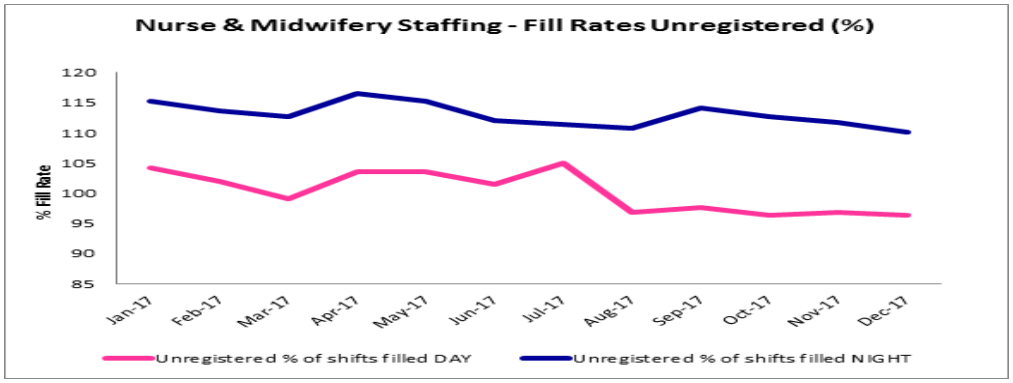
Month	Apr 17	May 17	June 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
CHpPD	7.4	7.5	7.2	7.2	7.2	7.1	7.1	7.1	7.1

3.2 Fill rates

Shift fill rates for Registered Nurses / Midwives, on days, improved in October, November and December. This was due to the arrival of new registrants in September and October, a reduction in turnover rates, despite the slight bounce in November 2017, and non-ward based nursing making a contribution to front-line staffing levels in the two most recent months. (Note the graph below).



Unregistered (care support worker) day time fill rates have reduced since July but remain stable at 96%. 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).



In summary the fill rates for December 2017 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 (Dec 17)		Night (Dec 17)	
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
91.9%	96.3%	94.7%	110.1%

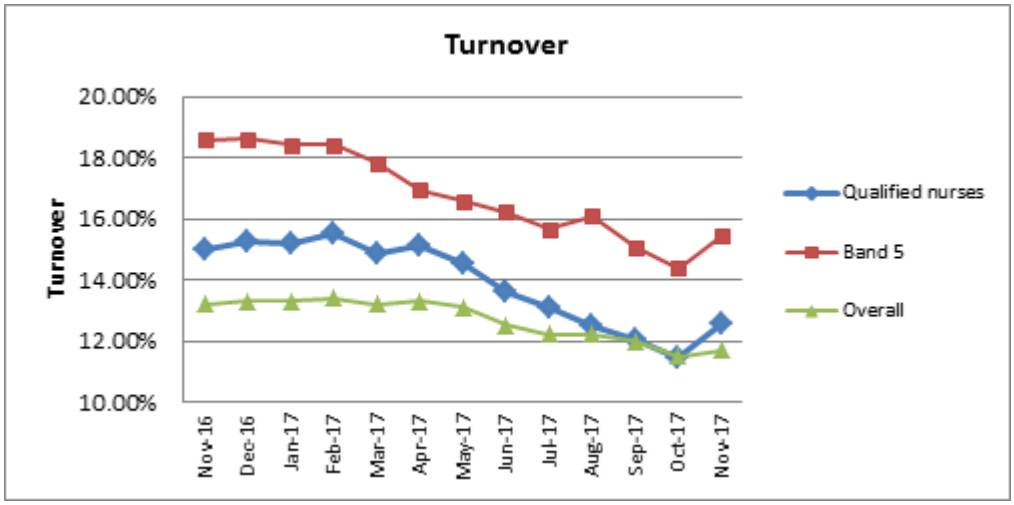
Other initiatives to support wards, especially those with RN fill rates less than 80% such as wards 42, 44 and 46 are being developed. For example 27 dining companions have been inducted to support patients on ward 44 at meal times. These dining companions all work in highly specialised clinical roles or corporate roles and each has committed to a minimum of one mealtime visit to ward 44 per month to support a patient to enjoy a hot meal. In December 2017 there were 23 attendances averaging 30 minutes each, providing approximately 11 hours of additional support to the ward. This initiative has been very well received by ward 44 and patients and therefore similar opportunities will be explored for other wards.

4. Retention

The focus on Registered Nurse / Midwife retention is being jointly inspired by colleagues in HR and corporate nursing. The most recent 'on the day briefing' provided by NHS Providers in December 2017 quotes an increase in nursing turnover (based on Health Education England data) from 12.3% in 2012/13 to 15.0% in 2016/17.

The board has previously been advised of the Trust engagement with the NHS Improvement retention initiative and the development of a retention plan. As demonstrated in the graph below there has been significant improvement during the course of last year. There was a small bounce in the turnover rate in November influenced by both the departure of some

band 5 nurses and some senior corporate nurses but the overall turnover rate for Registered Nurses / Midwives has reduced from 12.6% in November to 12.3% in December 2017. Noting the data quoted by NHS providers this is a good position however the aim is to get below 12% by 31 March 2018.



Key to success in retaining Registered Nurses (RN) and Midwives (RM) is the ability to support career progression; understanding the roles that Registered Nurses do compared to care support workers; the provision of flexible work patterns and being able to intervene early to prevent the loss of an RN /RM by offering 'an internal transfer window' if the placement isn't right for the individual.

In January 2018 the Trust will launch the role of Independent Senior Nurse which will become one of the responsibilities of the Deputy Chief Nurse, and key to the provision of independent (of the operational divisions) advice and oversight of the internal transfers.

Earlier this month the HR Director and Interim Chief Nurse attended a joint Greater Manchester and Eastern Cheshire HR and Director of Nursing workshop facilitated by NHS Employers from which there was a commitment to exploring the development of circuit rotational posts for RNs and RMs across Greater Manchester and Eastern Cheshire aimed at achieving career progression for individuals and stabilising each organisation. This will be explored over the next few months. Later sections of this report will detail the activity analysis carried out within adult community nursing.

5. Recruitment

Throughout 2017/18 the number of new starters has exceeded the number of leavers most months. The next recruitment event is being held on 27 January with a focus on recruiting to the medical wards and maternity services. The recruitment event is being underpinned by a new recruitment video '24 hours in Tameside' and will include planned tours to the clinical areas.

6. Adult community nursing

In October 2017 adult community nurses undertook a 'time and motion study' for 7 consecutive days to inform our understanding of their activities. The data was analysed and presented back to the community nursing team leaders in November and subsequently reviewed with community nurses, GP locality leads and HR workforce leads in December 2017.

The data highlights the fact that 64.7% of adult community nursing time is spent on activities associated with, but not in direct contact with patients. 35.3% of time is spent on direct patient care activities.

The two largest amounts of non-direct care time are spent on travelling (17.7%) and record keeping (14.4%). Recent studies in other organisations have generated similar findings; 18% of time travelling; 12% of time on clinical record entry and 30% of time spent in direct contact with patients.

There are no guidelines on safe staffing levels / caseloads for community nursing but this data creates a basis for transformation and discussion which our community nurses have actively engaged with.

The focus is on aiming to:

- Increase direct care time by reducing travel time and to that end GP locality leaders are reviewing GP clinic space to enable an increase in treatment room provided care. During the study week community nurses spent 38 hours visiting non-housebound patients in their homes. If this time could be released and other care provided in the treatment rooms at least 1wte specialist registered community nurse hours could be released to support early supported discharge and other activities commensurate with integration and our vision to provide excellence in care and experience in the persons own home, in the community and in hospital.
- Increase efficiency by reducing record duplication enabled by remote IT solutions.
- Maximise skill mix by working with home care providers in the context of being an integrated care organisation.

Through January, February and March new models of care will be explored. These will then be piloted and tested before any embedding strategies are developed. Specifically the board should note the positive engagement of community nurses, locality leaders, adult social care home care leaders and workforce leaders. Updates will be provided in March 2018.

7. Trainee Nurse Associates

The first cohort of TNA are just entering their second year, due to complete their education and training in January 2019. Nationally there has been a decision to recruit to the second cohort due to commence in late April 2018. This new cohort will be funded from the apprentice levy and the Trust has made the decision to recruit 15 cohort-2 TNAs. Discussions are underway in relation to the academic provider; the likely provider being Bolton University for our cohort-2, the first cohort having being academically supported by Manchester University who are not providing a programme for the second cohort.

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

The board is aware of the programme to support shift fill rates by non-ward based nurses. A total of 167 RN / RM are employed by the Trust of whom only 43% (72) are indicatively contributing to the programme.

The programme was designed to run November to March inclusive with each RN / RM working one clinical shift per month; increasing shift fill rates, providing visible leadership and reducing the demand for bank and agency workers.

Fifty two percent of the 167 (88 individuals) have been exempted from the programme due to service capacity, medical reasons or external funding arrangements. This figure is higher than the Interim Chief Nurse would have expected and therefore it is being reviewed.

In the month of November the non-ward based nursing contribution avoided £4,537 spend on bank and agency and in December that figure was £3,569. Regrettably only 38 of the 72 non-ward based nurses have so far worked a clinical shift in either of the two months however their contribution has been included in the shift fill rates. The board will be updated next month.

9. Safer Nursing Care Tool – establishment review

The six monthly SNCT review is being undertaken 08 January to 04 February and this time it will include the integrated assessment unit which has previously not completed the analysis. Throughout the data collection period data will be validated by the Matrons and Assistant Chief Nurses.

Over two days in February the data will be reviewed by ward teams in conjunction with the divisional Assistant Chief Nurses, HR, finance and the corporate nursing team; Interim Chief Nurse. Each Ward Sister and Matron has been asked to come to the review prepared to discuss:

- The current ward establishment; staff in post, vacancies, sickness absence.
- The SNCT results
- TEP opportunities and implications
- Carter opportunities and benchmarks
- Comparison with NICE and other guidance.

The intention is to complete the reviews in February such that implications can be taken through relevant committees in March before presentation to Board in April 2018.

10. Roster approval

The Trust standard is that rosters should be signed off at least 6 weeks in advance. For the roster period 20 November to 17 December 69% met this standard and for the period 18 December to 14 January 2018 only 42% met the standard; the significant reduction was driven by the implementation of e-roster in adult community nursing. The Interim Chief Nurse has requested greater visibility of this standard and inclusion in the heat map attached at appendix 1 on the basis that this is reported to affect how nurses and midwives feel about us as an employer and is likely lead to dissatisfaction and turnover.

11. Temporary staffing

Again the board is aware of the extended pilot to uplift the RN00 bank rate by £3 per hour as part of the plan to increase fill rate and nurse to patient ratios. This second phase of the pilot commenced on 24 November and it will end on 28 February 2018 with evaluation being reported to the executive management team on 19 March 2018. A number of evaluation criteria have been agreed. These are:

- Increasing the number of temporary shifts filled by substantive ICFT employees
- Reducing agency use and avoiding off framework agency usage.
- Reducing the number of unfilled shifts at roster sign off.
- Reducing the number of agency cap breaches.

12. Safe staffing consultations

NHS Improvement has launched the following draft resource consultations. Firstly the senior nursing team will respond to these consultations and secondly they will be used (as drafts) to inform the staffing establishment reviews.

- Safe, sustainable and productive staffing; an improvement resource for urgent and emergency care.
- Safe, sustainable and productive staffing; an improvement resource for neonatal care
- Safe, sustainable and productive staffing; an improvement resource for children and young people's in-patient wards in acute hospitals.

13. Areas of concern

The inability to fill RN/RM positions leading to bank and agency usage and unfilled shifts remains a risk and as such is featured on the risk register. In particular shift fill rates continue to be a concern within the division of medicine and especially so at winter with the demand for escalation capacity.

14. 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 key concerns are shift fill rates which remain very challenging and are managed at several points across each day by senior nurses and midwives.

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

T McErlain-Burns
Interim Chief Nurse

Appendix 1

Heat map - Inpatient Ward Areas - December 2017

Inpatient Ward	Compliments	Complaints	Moderate Harm + Incidents	Falls with Harm	MRSA	C.Diff	PU* (+G2 only)	FFT** Positive (%)	Registered Staff Fill Rate - Days	% of Temp Staff Used	Registered Staff Fill Rate - Nights	% of Temp Staff Used	Unregistered Staff Fill Rate - Days	% of Temp Staff Used	Unregistered Staff Fill Rate - Nights	% of Temp Staff Used	Planned Registered CHPPD	Actual Registered CHPPD	Planned Unregistered CHPPD	Actual Unregistered CHPPD	Actual CHPPD TOTAL
Planned Orthopaedic Unit	42	0	0	0	0	0	0	93.8%	96.6%	3.8%	96.8%	15.6%	103.2%	12.7%	109.6%	31.2%	3.7	3.6	3.0	3.1	6.7
Integrated Surgical Unit	160	2	2	0	0	0	1	97.4%	88.9%	5.2%	87.1%	19.6%	91.3%	16.3%	95.2%	11.9%	3.0	2.9	3.2	3.2	6.1
Emergency Orthopaedic Unit	45	1	0	0	0	0	3	92.5%	98.1%	2.9%	94.6%	53.6%	87.3%	19.1%	140.4%	37.2%	3.2	3.4	3.4	3.8	7.2
Critical Care	85	0	1	0	0	1	1	100.0%	101.6%	9.7%	99.4%	24.7%	101.8%	N/A	N/A	N/A	24.5	30.4	1.3	1.7	32.1
AMU	5	0	0	0	0	0	3	92.6%	108.0%	6.5%	88.6%	20.9%	93.0%	10.4%	100.5%	19.3%	3.9	4.2	4.6	4.9	9.1
Acute Cardiology Unit	0	1	0	0	0	0	0	97.1%	86.0%	8.8%	105.3%	31.4%	106.9%	17.8%	81.8%	30.2%	4.8	4.4	2.9	2.8	7.2
Heart Care Unit	0	1	0	0	0	0	0	94.1%													
Ward 31	47	0	1	0	0	1	0	96.1%	93.5%	14.9%	93.6%	73.8%	88.9%	7.1%	90.3%	12.5%	2.6	2.5	4.4	4.2	6.7
Ward 40	0	0	0	0	0	0	1	92.6%	81.4%	7.1%	92.7%	24.8%	91.7%	26.8%	135.9%	37.2%	2.6	2.3	2.6	2.9	5.2
Ward 41	32	0	0	0	0	0	1	90.5%	84.6%	18.0%	91.4%	65.0%	89.7%	16.8%	119.4%	30.8%	2.6	2.3	3.3	3.4	5.7
Ward 42	20	0	0	0	0	0	1	96.2%	75.8%	4.8%	94.8%	78.7%	124.8%	38.0%	105.3%	24.8%	2.8	2.3	2.8	3.2	5.5
Ward 44	58	0	0	0	0	0	1	96.9%	76.8%	2.9%	95.5%	41.0%	120.6%	22.7%	145.7%	33.3%	2.7	2.3	3.8	5.0	7.3
Ward 45	30	0	0	0	0	0	1	100.0%	82.7%	19.9%	96.9%	36.7%	90.8%	5.6%	99.2%	18.8%	2.7	2.4	4.8	4.6	7.0
Ward 46	17	0	0	0	0	0	0	96.8%	75.4%	8.5%	78.5%	25.1%	84.5%	10.8%	193.5%	31.1%	3.0	2.4	3.0	3.8	6.2
Ward 27 (Maternity)	31	0	0	0	0	0	0	95.4%	97.9%	13.5%	83.3%	13.1%	97.6%	1.7%	113.8%	7.1%	2.7	3.7	1.3	2.0	5.7
Neonatal Unit	45	0	0	0	0	0	0	100.0%	99.9%	12.2%	97.2%	9.2%	100.0%	N/A	N/A	N/A	7.8	11.4	0.7	0.7	12.1
Children's Unit	437	0	0	0	0	0	0	100.0%	85.5%	9.5%	97.9%	11.1%	54.4%	7.1%	N/A	3.2%	4.4	8.3	1.0	1.9	10.3
Stamford Unit 1	34	1	0	0	0	0	0	100.0%	99.9%	22.7%	98.4%	11.5%	104.9%	15.7%	98.4%	21.6%	1.7	1.7	3.8	4.0	5.7
Stamford Unit 2	18	1	0	0	0	0	0		100.6%	10.1%	106.6%	16.2%	103.8%	20.4%	102.5%	34.4%	1.6	1.7	3.6	3.9	5.6
Shire Hill	3	0	1	0	0	0	0	86.7%	94.5%	21.4%	98.9%	10.9%	93.2%	31.1%	84.7%	74.6%	2.5	2.9	3.3	3.6	6.5
Inpatient Totals/Averages	**1109**	**7**	**5**	**0**	**0**	**2**	**13**	**91.6%**	**91.9%**	**N/A**	**94.7%**	**N/A**	**96.3%**	**N/A**	**110.1%**	**N/A**	**3.5**	**3.6**	**3.2**	**3.5**	**7.1**

KEY

Complaints	Moderate Harm +	Falls with Harm	MRSA	CDIFF	PU(+G2)	Staffing Fill Rates	FFT Postive
0 - Green	0 - Green	0 - Green	0 - Green	0 - Green	0 - Green	> 90% - Green	>95% - Green
>1- Amber	>1 - Amber	>1 - Amber	>1 - Red	>1- Amber	>1 - Amber	80 - 90% - Amber	90 - 95% - Amber
>2 - Red	>2 - Red	> 2 - Red		>2 - Red	>2 - Red	< 80% - Red	<90% - Red

*Please note that the PU data contains only the requests for RCA's and not those which have been attributed Trust acquired.
** FFT Total shown does not include Community areas, only inpatient ward areas as shown above.