TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Report to Public Trust Board meeting of the 26 July, 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 Board is advised that Model Hospital data on CHpPD was refreshed in April 2018 and whilst the ICFT CHpPD has increased (as predicted) the Trust remains in quartile 1. Several factors may be driving this including establishments, but the one factor that is certain to be driving it is sickness absence as demonstrated in section 3.1.
The otherwise positive work associated with retaining Registered Nurses and Midwives continues to be sustained and the report includes brief details on the most recent Keep in Touch event and steps being taken to strengthen assurances on the standards of compliance with the Nursing and Midwifery Council requirements for tri-annual revalidation.

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	None specific to this report in July 2018.
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 time the Board meets.

The Board is advised that Model Hospital data on CHpPD was refreshed in April 2018 and whilst the ICFT CHpPD has increased (as predicted) the Trust remains in quartile 1. Several factors may be driving this including establishments, but the one factor that is certain to be driving it is sickness absence as demonstrated in section 3.1.

There are no actions recommended to the Board.

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 May 2018 and this included the March and April 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 May and June 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 (CHpPD).
In previous reports the Board was advised of a reduction in care hours per patient day; the reasons behind the reduction and the projected increase by April 2018.

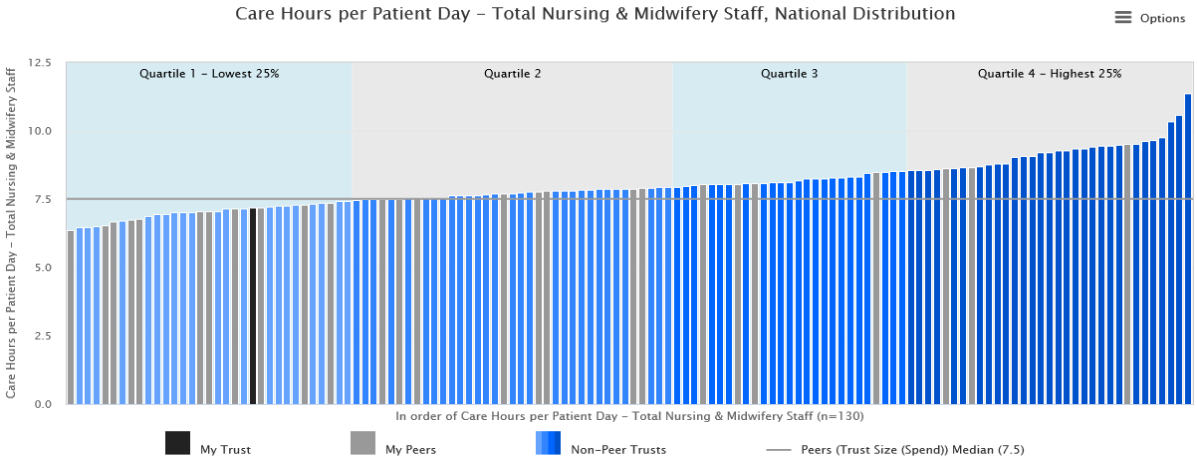
In April 2018 the CHpPD was increased to 7.2 (as demonstrated in the table below), and at the Board meeting in May the Board was advised of the predicted end of May increase to 7.3.

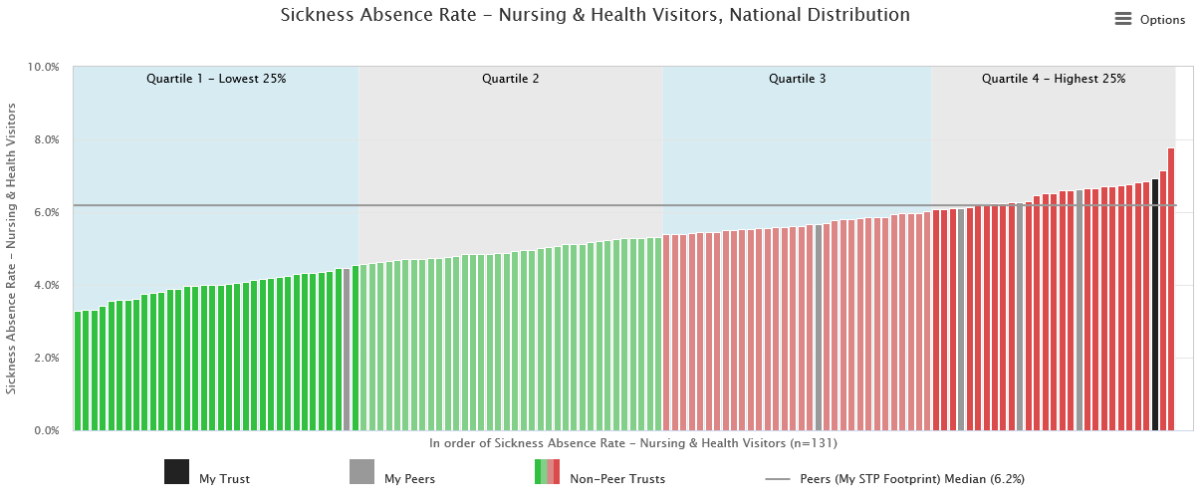
The Board should however be cautious of interpreting the increase to 7.6 in June because it is significantly positively affected by the temporary reduction in the number of patients at Shire Hill and on transfer of that service to the Stamford Unit, and because the actual number of paediatric inpatients at 23:59 hours (data collection point) each day during the month was also low.

Month	Apr 17	May 17	June 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
CHpPD	7.4	7.5	7.2	7.2	7.2	7.1	7.1	7.1	7.1	6.9	6.9	7.0	7.2	7.3	7.6

If Shire Hill / Stamford 2 and paediatrics were both removed from that data the CHpPD would be 7.1. However this too would be misleading because there were patients at Shire Hill and there are 20 patients in Stamford 2, and there were both in-patients and children on the observation and assessment unit within paediatrics at 23:59 hours each day. In reality the CHpPD for June was between 7.3 and 7.4.

Data within the NHSI Model Hospital was refreshed in April 2018 and as the two variation charts below demonstrate; firstly the ICFT remains in quartile 1 (the lowest 25%) for CHpPD and secondly, the ICFT is not only in the highest quartile for sickness absence amongst nurses and health visitors, but is third from the highest on this measure. This will be affecting CHpPD, particularly the RN contribution.





The Model Hospital allows users to analyse data at ward and speciality level. At this level of analysis both AMU and paediatrics have higher CHpPD (RN and care support worker combined and RN alone) than both the peer group and the national median[1].

Ward / speciality	ICFT CHpPD	Peer	National Median
AMU	8.68	6.26	7.31
Paediatrics	12.85	11.76	12.20

Finally for this subsection of the report, the Board should note that from September 2018 CHpPD data will be published on MyNHS and NHS Choices websites. Making this data publically available may be new for some organisations but our Board can be assured that through this report the data has always been available at organisational level and at ward level in the context of the appended heat maps.

3.2 Fill rates

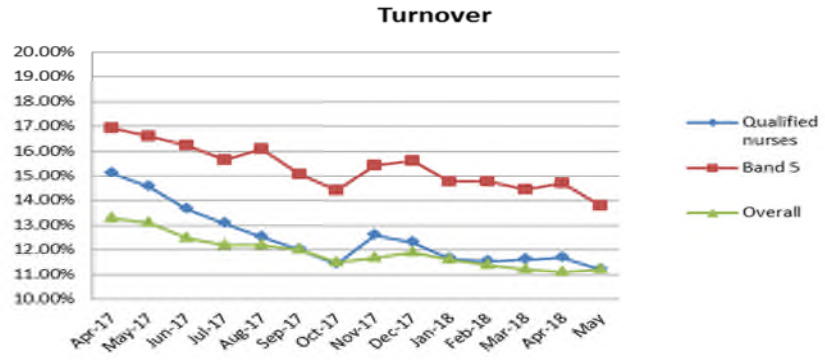
In May the Board was advised of increased fill rates for both Registered Nurses (RN) and Care Support Workers across days and night shifts for the months of March and April. Those RN increases have been sustained with day time RN fill rates for the months of May and June at 95.1% and 93.1%, and night time fill rates of 95.1% and 95.6% respectively. Care Support Worker rates have remained above 110% on nights. Day shift rates were 94.6% in May and 98.2% in June.

[1] Data on other ward comparisons is appended to this report. The data period is April 2018.(Appendix 1)

In May and June three wards achieved less than 80% RN fill rates and these were wards 44, 45 and 46; all medical wards. These three areas feature in the list of wards achieving less than 90% positive feedback through the friends and family test route, and specifically in June, ward 46 received three patient complaints. In response the Head of Patient and Service User Experience has been asked to undertake a combined patient and family listening event to understand what might be driving these concerns.

4. Retention

The improved position in relation to RN turnover has been sustained, and in her NHS 70th Birthday presentation Jane Cummings, Chief Nursing Officer for England made reference to the ICFT improvements in this area.



On 13 July 2018 Mark Radford, Director of Nursing – NHSI wrote to the Trust, one-year on from the start of the retention improvement programme to advise that NHSI will be revising their data packs to enable Trusts participating in the improvement programme to compare their progress with others. This pack will be available in August 2018 and it is understood that from Q3, the data will be updated quarterly within the expanded Model Hospital.

Without diluting the focus on RN retention the partnership between the corporate nursing office and senior HR Business Partners is now turning to devise a retention improvement plan for Care Support Workers and Trainee Nursing Associates. The details of this plan will be shared ultimately with the Workforce Committee and highlights included in this report in September 2018.

5. Recruitment

In May 2018 five Registered Nurses / Midwives joined the Trust; one more than left[2].

On 29 June 2018 Greater Manchester launched a Nurse Recruitment campaign which includes a short film featuring four ICFT Nurses / Health Visitors; Sister M Hood, Mr P Morgan, Mrs R Musekiwa and Mrs H Vyas. The film 'Unsung' features Greater Manchester nurses reading aloud lyrics from well-known songs by Manchester musicians. The film can be accessed at www.greatermanchesternurses.co.uk.

On 10 July ICFT senior nurses and midwives hosted the second highly successful family orientated 'Keep in Touch' event. These events seek to demonstrate how important family is in the context of an individual's resilience, and to allay any anxieties that families may have about the transition from student nurse / midwife to RN/RM. Following a brief introduction from the Interim Chief Nurse the event enabled those colleagues who are going through the

[2] June 2018 data will not be available until after this report has been produced and will be verbally reported to the Board.

recruitment process to meet senior nurses and midwives whilst family members had the chance to interact with a number of practitioners who had volunteered their time to promote health and wellbeing; and educate children about good oral hygiene, the effects of alcohol on the brain and how to do CPR to save a life.

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

Non-ward based nursing and midwifery contribution to care continues at similar levels to those previously reported. In May 153 hours were contributed by 15 non-ward based nurses, and in June 13 non-ward based nurses / midwives contributed 149 hours. These hours have been validated against bank and agency avoidance and contribute £4633 to the Trust efficiency programme (TEP).

7. Roster approval

In May 2018 a number of rosters were not approved 6 weeks in advance of roster commencement. However, the position was improved in June with only one roster failing to meet the standard.

8. Revalidation

The next update on numbers revalidating is due to be presented to the Board in September. Of note this month, the Staff Side Partnership unanimously endorsed a proposal from the nursing and midwifery leadership forum to mandate all ICFT RN/RM to undertake their revalidation 'confirmer' discussions with an individual on the ICFT 'approved confirmed' list. This is an important step forward in gaining assurance (as an employer) that all RN/RM meet the Nursing and Midwifery Council standards and that all 'confirmer' conversations meet an ICFT standard. These new arrangements will be introduced before the end of October 2018.

9. Safe Staffing Reviews

Details of the safe staffing reviews were included in the last report. Since that time several NHSI safe staffing resources have been updated and these are being reviewed by the Deputy Chief Nurse and the Divisional Assistant Chief Nurses.

Across the adult in-patient wards acuity and dependency was measured using the Safer Nursing Care Tool in June, and the results will be available to the Board in September following a multi-disciplinary review incorporating finance, HR, divisional leadership, ward sisters, matrons and corporate nursing.

10. NHS Professionals temporary staffing assurance

On 02 July NHS Professionals provided their quarterly assurance statement demonstrating that 26 randomly selected files relating to workers at the ICFT were audited in Q1 (April 2018 – June 2018) and that all met the required standards for compliance with European Working Time, Disclosure and Barring, Occupational health clearance, references, practical mandatory training, online training and professional registration checks.

11. 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 time the Board meets.

The Board is advised that Model Hospital data on CHpPD was refreshed in April 2018 and whilst the ICFT CHpPD has increased (as predicted) the Trust remains in quartile 1. Several factors may be driving this including establishments, but the one factor that is certain to be driving it is sickness absence as demonstrated in section 3.1.

T McErlain-Burns
Interim Chief Nurse

Appendix 1

Tameside and Glossop Care Hours per Patient Day (CHpPD).

Data in the following table is extracted from the NHSI Model Hospital. The data period is April 2018. This is combined CHpPD

Division of Medicine					**Division of Surgery**			
Ward	ICFT	Peer Median (Trust size based on spend)	National Median		Ward	ICFT	Peer median (Trust size based on spend)	National Median
31	6.94*	6.26	7.31		EOU	7.06*	6.42	7.26
40	6.18	6.26	7.31		POU	6.68*	6.42	7.26
41	6.11	6.26	7.31		ISGU	6.13	6.42	7.26
42	5.74	6.26	7.31					
44	7.07*	6.26	7.31					
45	6.84*	6.26	7.31					
46	5.77	6.26	7.31					
ACU	8.71**	6.44	7.73					
HCU	6.44	6.44	7.73					

*ICFT is above peer
**ICFT is above peer and national median