

TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Report to Public Trust Board meeting of the 29th March, 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.

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 issues for the Board to be aware of this month are the continued reduction in CHpPD for the reasons outlined in the report and the reduction in RN fill rates on days, in particular rates below 80% in four areas.

It is recommended that the Board receives the report and endorses the areas of priority being to recruit to vacancies; retain existing colleagues and continue their development; manage and reduce sickness absence and maximise the contribution of non-ward based nurses / midwives.

Related Trust Objectives	<ol style="list-style-type: none"> 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 7 th 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

It is recommended that the Board receives the report and endorses the areas of priority being to recruit to vacancies; retain existing colleagues and continue their development; manage and reduce sickness absence and maximise the contribution of non-ward based nurses / midwives.

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 February 2018 and this included the January 2018 position.

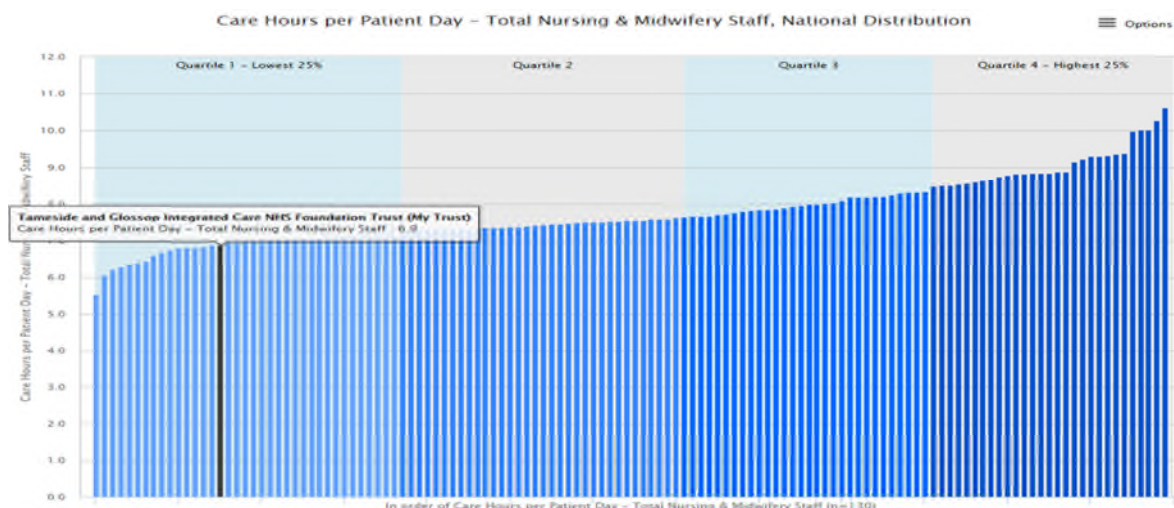
In July 2016, the National Quality Board updated its guidance to provider Trusts which set out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. This report presents the safe staffing position as at the end of February 2018 and 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).

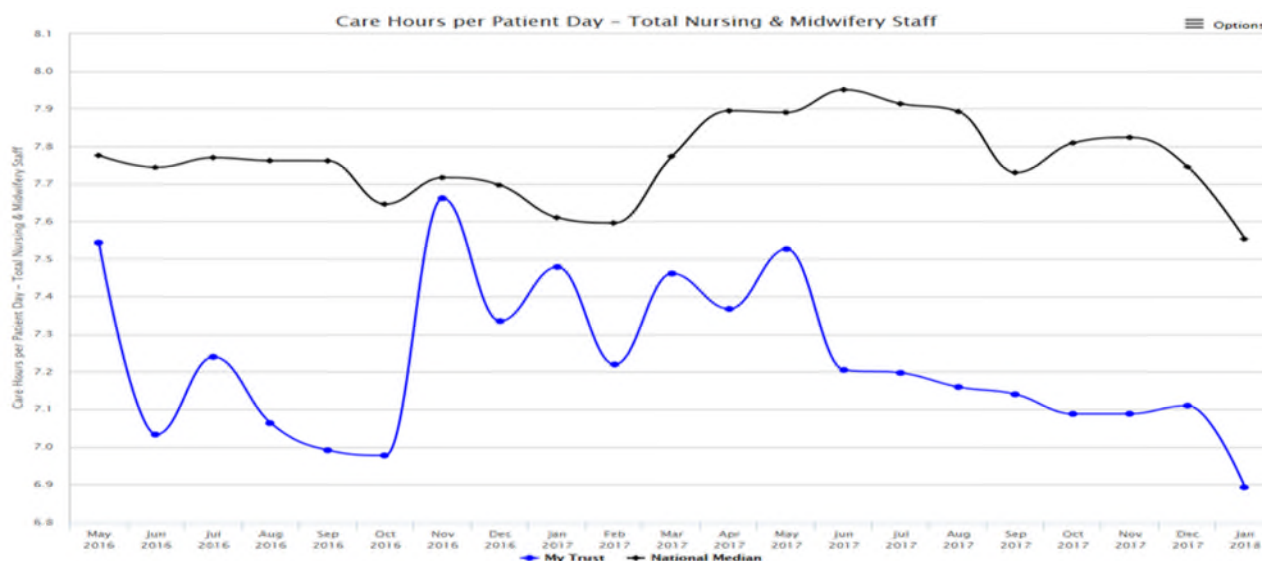
Last month the Board was advised of the reduction in CHpPD. This was due to a significant increase in the cumulative count of patients on the in-patient wards at 23:59 hours across the month of January and the need to staff ward 43; the escalation ward. These two factors continued throughout the month of February and as demonstrated in the graph below taken from the Model Hospital¹, for CHpPD the ICFT remains in the lowest quartile compared with other providers.



In this second graph (still relating to CHpPD) the Board will note that the national CHpPD has been running at an average of 7.7 with a reduction in December and January. The ICFT has been averaging 7.2 care hours per patient day dropping in January and February

¹ January 2018 (latest available Model Hospital data).

despite improved retention (lesser turnover), dining companion contributions and non-ward based nursing contributions.



A review of Safe Staffing Board Reports for other Trusts in Greater Manchester indicates that some are achieving up to 8.3 care hours per patient day, with others at 7.2 and some papers making no reference to CHpPD. All the reports reviewed (last published) highlight a number of wards achieving less than 90% Registered Nurse fill rates.

In terms of the ICFT the most recent reductions in CHpPD have been as a result of the increased cumulative number of patients, in turn necessitating the need for ward 43 being opened as a winter escalation ward. As will be demonstrated in a later section of this report turnover has improved further in the past month, however sickness absence is above 5% in 12 of the in-patient wards, with rates above 10% in three areas; acute cardiology, ward 40 and ward 45.

There is every reason to have confidence that the rates will increase as the cumulative number of patients reduces and ward 43 can be closed, coupled with sustaining the significantly improved retention position. As such the focus of the Interim Chief Nurse remains on increasing the contribution of non-ward based nurses, filling vacancies and working with first line managers and HR colleagues to improve health and wellbeing and reduce sickness absence.

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

3.2 Fill rates

Registered Nurse (RN) fill rates (day shifts) reduced overall this month by 1.5% to 89.3%. The pattern of lower day time fill rates compared with nights is evident in other Trusts when published data is reviewed.

	Registered % of shifts filled DAY	Registered % of shifts filled NIGHT	Unregistered % of shifts filled DAY	Unregistered % of shifts filled NIGHT
February 2018	89.3	95.2	95.8	110.1
January 2018	91.8	98.9	94.6	111.1

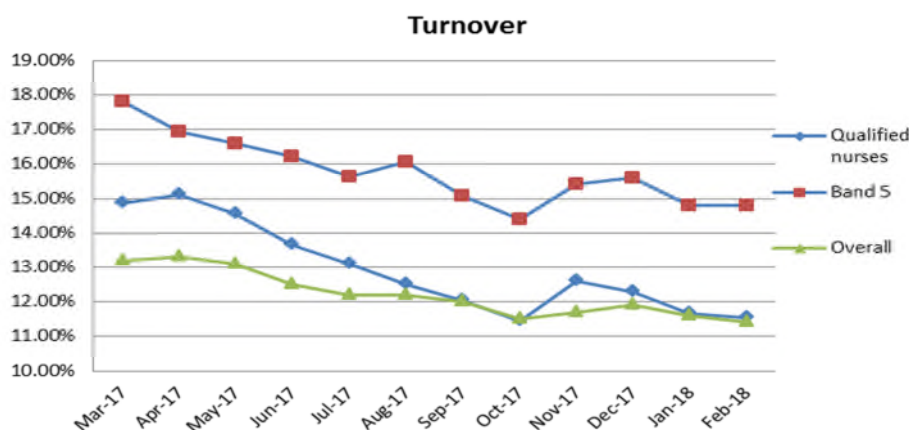
Of note there are 9 in-patient wards with RN day-time fill rates lower than 90%, and 4 areas with rates less than 80%².

Ward 42 has the lowest RN fill rate (68%) but when the Registered Pharmacy Technician is added the rate improves to 78.9%. As with all wards fill rate data is reviewed alongside quality and safety data as demonstrated in the heat map at appendix 1. This month ward 42 has seen a reduction (by 4%) in the Friends and Family Test (FFT) positive response rate, albeit there have been no complaints and an increase in compliments. In addition the ward has breached the annual leave threshold which will have adversely impacted on staff availability. Overall this ward has the highest level of vacancies (10.5wte) and therefore, as with the other areas struggling to achieve fill rates above 80% the non-ward based nurses who have yet to agree which ward they will contribute to, will be allocated these areas unless there are evident malalignments of competence.

Wards 31, 41 and 42 have very high levels of temporary staffing fill rates on nights. For the purposes of assurance the Interim Chief Nurse has asked for the data in these three areas to be broken down into NHSP multi-post holder bank (our own staff working an additional bank shift) versus agency to be assured that all shifts are being led by a substantive ICFT Registered Nurse.

4. Retention

RN turnover has reduced again in February 2018 to 11.5% as demonstrated in the graphs below. In order to sustain this improvement the Acting Deputy Chief Nurse and Senior HR Business Partner leading on this agenda are reviewing recently published NHS Improvement case studies to identify opportunities for further improvement.



² Appendix 1 – Heat map.

5. Recruitment

A programme of recruitment events is currently being devised. On Tuesday 20 March the Stamford Unit will host an Open Day, one aspect of which will be recruitment. Social media is being used to advertise the Open Day and the vacancies available. At the time of reporting there has been considerable interest in the care support worker and therapy support worker vacancies.

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

All non-ward based nurses / midwives contracted to work a minimum of 30 hours (in their non-ward based role) have now been written to setting out the expectation that they work a clinical shift per month. 160 non-ward based nurses / midwives were identified of which 69 do not meet the contractual hours required for inclusion and 19 were excluded for other reasons. This leaves 72 nurses / midwives in the non-ward based programme.

During February seventeen non-ward based nurses / midwives worked a clinical shift contributing 207 hours of which 193 have been validated as avoiding bank / agency costs, attributing a saving of £2505. In month only 25% of the non-ward based nurses / midwives contributed to the scheme and therefore further action is being taken week commencing 19 March to address those who have not responded³.

7. Roster approval

Sixty five percent of rosters were approved six weeks in advance of the roster commencing. Whilst this is an important metric in terms of compliance with policy, approval does not fix the roster. A further piece of work will be undertaken in the next few weeks to understand the extent to which the roster changes, and for what reasons after approval. This work is being managed through the temporary staffing group.

8. 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. However the Board can be assured that there have been no occasions when our wards have been managed by only one Registered Nurse.

9. 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 issues for the Board to be aware of this month are the continued reduction in CHpPD for the reasons outlined and the reduction in RN fill rates on days, in particular rates below 80% in four areas. It is recommended that the Board receives the report and endorses the areas of priority being to recruit to vacancies; retain existing colleagues and continue their development; manage and reduce sickness absence and maximise the contribution of non-ward based nurses / midwives.

T McErlain-Burns
Interim Chief Nurse

³ The Board should note that many non-ward based nurses are working bank shifts and supporting wards for an hour or two on a regular basis when in that environment.



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