TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Report to Public Trust Board meeting of the 23 May 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.

The Board is advised that the CHpPD (Care Hours per Patient Day) has increased to 7.2 in April, as predicted.
This report includes a six monthly update on revalidation for Nurses and Midwives and details of the most recent nurse staffing reviews. The Board's attention is drawn to the continued establishment ratios greater than 1:8 in a number of wards and the development of a case for investment in the establishment on ward 40. The Board should note that Model Hospital data is being used to benchmark performance in relation to nursing / midwifery staffing and the NHSI improvement resources have been utilised when reviewing establishments.

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	The implications in the section relating to the use of the Safer Nursing Care Tools will be referred to the Capital Resourcing and Investment Group (CRIG)
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

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 2018 and this included the February 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 the end of April 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

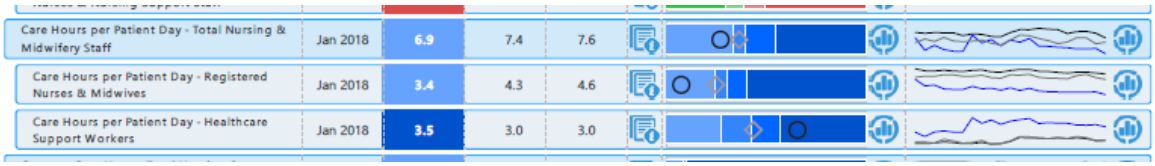
The Trust Board is advised that the Trust continues to meet the monthly obligations to upload safe staffing data to the Unify system. Validation arrangements are in place to ensure that the data uploaded to the national Unify system has been signed off by a senior member of the corporate nursing team, 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 the previous two reports the Board has been advised of a reduction in CHpPD and reasons for that reduction were explained with a predication that the CHpPD would increase with the continued deployment of non-ward based nurses and the closure of the escalation ward.

Ward 43, the escalation ward remained open during the whole of March but closed on 08 April 2018. Actual CHpPD for the month of March was 7.0 and this increased in April to 7.2.

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
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

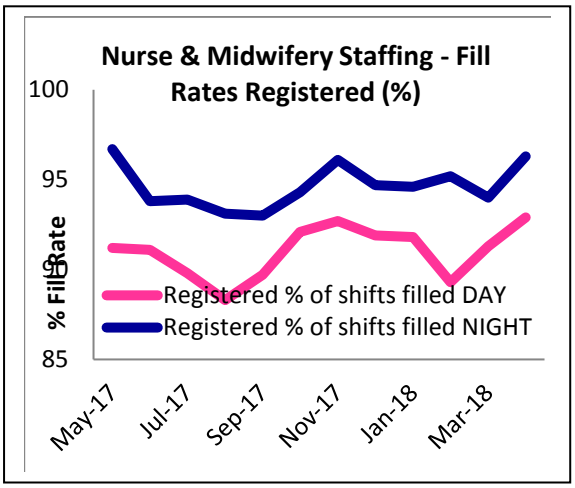
The last available reference data in Model Hospital (see below) is for the period January 2018 and as previously advised the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) had a lower than peer and national average Registered Nurse / Midwife CHpPD.

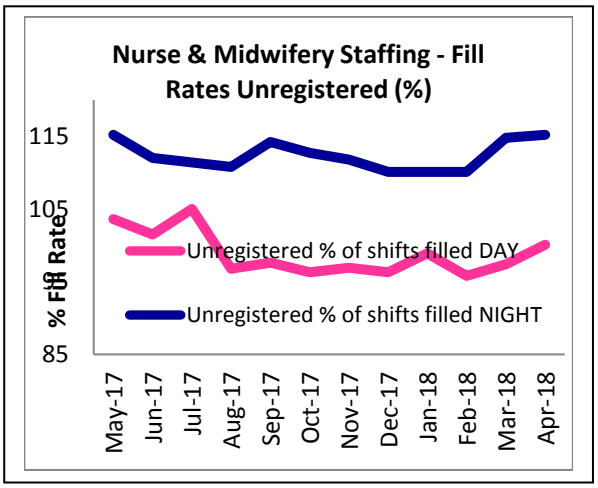


The Board is advised that through the Nursing TEP (Trust Efficiency Programme) there is focus on reducing sickness absence; roster efficiencies and the continued deployment of non-ward based nurses / midwives in conjunction with activities associated with recruitment and retention all of which when combined will increase CHpPD.

3.2 Fill rates
Both Registered Nursing and Unregistered Care Support Worker fill rates increased in March and April 2018. These increases were due to the closure of the escalation facility and a

significantly greater number of new recruits compared to 'leavers'. The graphs below show trends over the past 12 months.





Of note there were 6 in-patient wards with RN day-time fill rates less than 90%, and 4 areas with rates less than 80%[1].

Ward 42 had a RN fill rate of 74.5% but with the addition of the Registered Pharmacy Technician hours (not captured in CHpPD) this increased to 91.5%. The other 5 areas with fill rates less than 90% were wards 41, 44, 45, 46 and the integrated surgical and gynaecological unit.

Data in the following tables confirms the persistent trend in fill rates being less than 90% across wards 41, 44, 45 and 46. For that reason these wards remain a priority for recruitment, retention, non-ward based nursing contribution, dining companions and, in the case of ward 45, health and wellbeing support due to the high level of absence due to sickness[2].

Ward 41		2017			2018			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr
Days	**Reg Staff Fill Rate - Days**	92.4%	84.1%	84.6%	88.8%	85.1%	79.6%	82.8%
Days	**Unreg Staff Fill Rate - Days**	97.9%	92.3%	89.7%	95.6%	83.9%	93.0%	103.0%
Nights	**Reg Staff Fill Rate - Nights**	85.8%	96.7%	91.4%	95.8%	84.5%	94.6%	100.0%
Nights	**Unreg Staff Fill Rate - Nights**	129.1%	132.1%	119.4%	115.1%	113.4%	121.5%	122.2%

Ward 42		2017			2018			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr
Days	**Reg Staff Fill Rate - Days**	86.1%	74.6%	75.8%	80.0%	68.0%	68.7%	74.5%
Days	**Unreg Staff Fill Rate - Days**	92.6%	123.7%	124.8%	124.4%	129.1%	139.7%	121.6%
Nights	**Reg Staff Fill Rate - Nights**	92.7%	94.4%	94.8%	92.7%	96.5%	90.1%	100.1%
Nights	**Unreg Staff Fill Rate - Nights**	110.0%	114.4%	105.3%	94.6%	96.3%	98.8%	105.6%

[1] Appendix 1 – Heat map.

[2] Please note data on sickness rates and some of the quality indicators is not available until 15th of the month.

Ward 44		2017			2018			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr
Days	**Reg Staff Fill Rate - Days**	77.3%	77.0%	76.8%	77.2%	74.0%	75.8%	76.5%
Days	**Unreg Staff Fill Rate - Days**	108.9%	114.1%	120.6%	129.5%	118.7%	121.4%	120.7%
Nights	**Reg Staff Fill Rate - Nights**	100.2%	102.2%	95.5%	100.0%	100.1%	99.9%	96.7%
Nights	**Unreg Staff Fill Rate - Nights**	134.5%	131.0%	145.7%	135.5%	132.8%	133.6%	126.2%

Ward 45		2017			2018			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr
Days	**Reg Staff Fill Rate - Days**	79.7%	82.3%	82.7%	79.8%	80.6%	67.2%	70.5%
Days	**Unreg Staff Fill Rate - Days**	90.2%	84.0%	90.8%	90.9%	89.8%	86.5%	87.6%
Nights	**Reg Staff Fill Rate - Nights**	98.5%	99.9%	96.9%	93.6%	91.1%	94.8%	100.0%
Nights	**Unreg Staff Fill Rate - Nights**	97.6%	98.3%	99.2%	95.2%	98.2%	99.2%	104.2%

Ward 46		2017			2018			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr
Days	**Reg Staff Fill Rate - Days**	77.5%	74.9%	75.4%	73.7%	69.3%	70.9%	74.0%
Days	**Unreg Staff Fill Rate - Days**	82.0%	84.9%	84.5%	85.8%	79.8%	82.2%	81.6%
Nights	**Reg Staff Fill Rate - Nights**	75.4%	74.9%	78.5%	75.0%	72.1%	71.3%	73.7%
Nights	**Unreg Staff Fill Rate - Nights**	186.6%	184.5%	193.5%	190.2%	186.5%	199.0%	182.0%

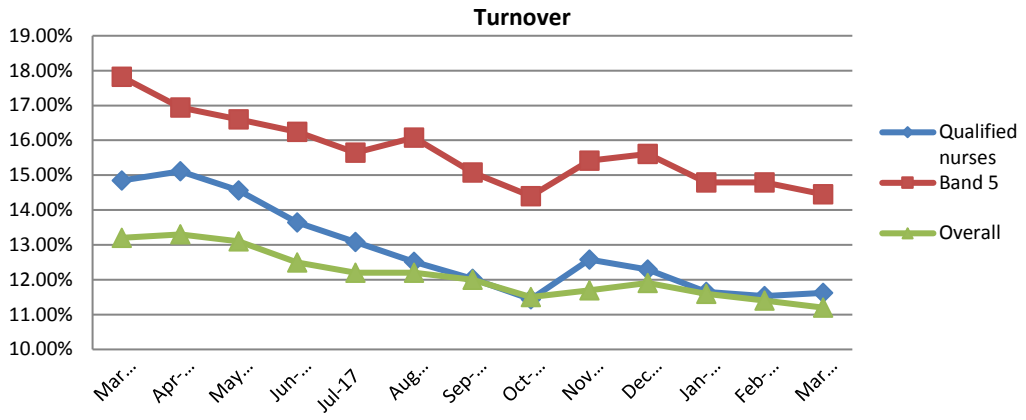
Recruitment activity across the division of medicine during the past few months has resulted in the emergency department, Stamford Unit, ward 45 and adult community nursing services filling all vacancies for RN positions. Following a successful care support worker recruitment campaign all CSW vacancies across the division have also been recruited to and colleagues will be in post over the next 4-6 weeks.

In addition to the detail above 'deep-dives' are being carried out by the Matrons for the respective areas supported by corporate teams to review and triangulate absence data with roster skill mix and temporary staffing spend. Each of these reviews will generate bespoke solution focussed plans.

4. Retention

The significant improvements in retention have been sustained and at a Queen's Nursing event on 23 April 2018 Ruth May, Director of Nursing at NHS Improvement (NHSI) cited (in her presentation) the retention improvements at the ICFT. Also on the back of the improvement the ICFT has been invited to speak at NHSI events in Birmingham and London.

Central to sustaining and reducing turnover rates even further is the engagement with colleagues across the ICFT through focus groups and listening events. A number of these have recently been held led by the Acting Deputy Chief Nurse and a Senior HR Business Partner and these will continue throughout the year with actions being shared in 'you said – we did' style feedback.



5. Recruitment

In March 2018 sixteen Registered Nurses / Midwives joined the Trust; ten more than left. As described in section 3 there have been two very successful recruitment events and further campaigns are being designed.

On 25 June 2018 a Greater Manchester (GM) Nurse Recruitment campaign will be launched with a focus on recruiting nurses into GM, encouraging a return to practise and inspiring a career in nursing with an opportunity to train in GM. As part of the campaign a video is being developed which will be shared with the Board in due course.

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

In March non-ward based nurses contributed 170 hours of care at ward level and the number of hours contributed in April was 156. In total these hours avoided £5698 of temporary staffing spend. Conversations with non-ward based nursing teams have been ongoing and bespoke arrangements have been agreed with some teams to enable their contribution albeit over a phased period of time, and not including all members of their team.

7. Roster approval

The March heat map at appendix 1 does not include data on roster approval because of the intermittent network problems which affected roster sign off. The positive news is that 95% of rosters were signed off with 6 weeks lead time in April.

8. Trainee Nursing Associates

A second cohort of 15 trainee Nursing Associates have commenced and the first graduates from the 2-year programme will be available for recruitment to this new Nursing Associate position in January 2019.

9. Nursing and Midwifery Council (NMC) news update

On 04 April the NMC outlined plans to overhaul the way in which they deal with complaints about fitness to practise. The consultation runs until 30 May, and the corporate team will make an organisational response. The changes have a focus on nurses and midwives being encouraged to speak up early and learn from their mistakes.

On 09 April the NMC launched consultation on the proposed approach to regulation of the Nursing Associates. The consultation closes on 02 July and again, on behalf of the ICFT the corporate nursing team will make an organisational response.

On 25 April the NMC released the latest figures on nursing and midwifery numbers including the rates at which EU nurses are leaving the country. The data includes a survey of people

who left the register between June and November 2017 (n=3496) to find out their reasons for leaving. EU nurses and midwives cited Brexit as the top reason whilst retirement, staffing levels and change to personal circumstances were the main reasons for UK registrants.

10. Revalidation

Revalidation for Registered Nurses and Midwives is now in its third year. The table below shows how many ICFT RN/RM have revalidated in the past 6 months and how many have used the HeART system to create their portfolio of required evidence of compliance with the revalidation requirements.

All RN/RM have access to the ICFT Revalidation and E-roster Coordinator for support to understand the requirements and manage the process. At the Nursing and Midwifery Leadership Forum in April 2018 the Interim Chief Nurse shared a proposal to strengthen Confirmer arrangements. That proposal was supported and is now being considered by the Staff Partnership Forum

Month	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr - 18
Number revalidating	21	19	9	19	34	24
Used HeART %	52%	61%	78%	79%	44%	29%

The numbers due to revalidate in the next three months are:

- May 2018 – 40 RN/RM
- June 2018 – 11 RN/RM
- July 2018 – 22 RN/RM

11. Safe Staffing Reviews

NHS Improvement on behalf of the National Quality Board produce improvement resources for assessing safe, sustainable and productive staffing. These resources have been used in the 6-monthly establishment reviews. In addition NHSI published a staffing risk assessment tool in February 2018 which has been reviewed by the Nursing and Midwifery leadership team and will be implemented in the next couple of weeks.

11.1 Midwifery Staffing.

The improvement resource recommends that Boards assure themselves that appropriate tools are used to assess staffing requirements, e.g. Birthrate Plus (BR+). The ICFT uses BR+ and based on the number of deliveries in the previous 12 months (n=2419) the required number of wte midwives, excluding managerial and non-clinical posts (12.82wte) is 83.93 equating to a midwife to birth ratio of 1:28.8.

The number of midwives in establishment (excluding managerial and non-clinical positions) at the end of March 2018 was 81.26 (minus 2.6wte). Actual staff in post was 79.21 resulting in a ratio of 1:30.5. All vacancies have been recruited to and over the coming months ahead of the next BR+ review the excluded posts will be reviewed.

BR+ and Royal College of Midwives (RCM) guidance recognises the value of expanding skill mix to ensure efficient use of staff. It recommends that about 10% of midwifery time can be re-allocated to appropriately trained and graded support colleagues. At present the ICFT employs 2.4wte assistant practitioners and 2.0wte midwife support workers. In the 2018/19 workforce plan there are plans to train at least a further 2 midwife support workers in line with the scope of practice developed by the RCM.

In common with all of the improvement resources the recommendation is that Boards review their staffing annually. As previously advised the Interim Chief Nurse is recommending that our Board continues to review staffing resource every six months in light of the ICFT

transformation agenda; the GM transformation agenda and because safe staffing features on the Board Assurance Framework as a significant risk.

The maternity services improvement resource recommends that Boards assure themselves that sufficient staff have attended training and development and are competent to deliver safe maternity care. In a separate paper the Board will receive a self-assessment of compliance with arrangements for the maternity services CNST scheme. This will highlight assurance that staff have received training in areas such as CTG interpretations and will outline the plans for assurance of competence. Other assurances on training will be provided to the Board through vehicles such as the levels of compliance with mandatory training and the Workforce Committee report.

The resources all speak to the need for local recruitment and retention priorities which through this report and the report from the Workforce Committee the Board is advised of.

11.2 Health Visiting

In light of the national shortages of Health Visitors (and School Nurses) the opportunity to skill mix the 0-19 years service and look to develop Health Visitor support workers needs to be reviewed. The Health Visiting establishment is established for 47.19wte and there are presently 39.22 in post the gap being created by vacancies, maternity leave and a secondment. Positions have been offered to fill 4.8wte most of whom will be new to qualification in September / October. Remaining (and anticipated) vacancies are being advertised.

11.3 Neonatal Unit

The ICFT provides a level 2 high dependency neo-natal facility. In terms of the Department of Health stipulations 70% of the nursing establishment must be 'qualified in speciality'; there should always be a minimum of 2 qualified nurses / midwives on duty, one of whom must be qualified in speciality, and there should be a supernumerary team leader on each shift.

The ICFT meets / exceeds the first 2 requirements but does not meet the requirement for a supernumerary team leader on each shift (see table below). Commissioners have been approached to discuss derogation / relaxation of the requirement for a shift leader on the basis that there are no reported incidents, or risks identified as a result of not having that supernumerary shift leader and national compliance with this standard is on average only 30%.

Unit	NNU Level	%Shifts Staffed to BAPM recomm-endations	%Shift QIS To Toolkit	% Shifts With Team leader	% Nurse shifts cover by Bank	Avg nurse on shift	Avg nurse need on shift	Avg (Mean) variance from BAPM compliance	Avg (Median) variance from BAPM compliance	Additional nurse shifts need to make all shifts BAPM compliant
TGH	2	69.64	98.35	0	14.93	4.23	3.55	0.68	0.8	140.7
National Avg	2	63.35	75.34	30.86	6.34			0.53	0.5	

Recruitment to vacant posts has been successful, with only a small deficit remaining; this will mitigate the use of bank shifts being used.

The improvement resource requires data on nurse staffing to be collected using BadgeNet and the ICFT is compliant with the daily entry of staffing and acuity onto this system.

11.4 Adult Community Nursing

Unlike the improvement resources for other staff groups the conclusions in relation to adult community nursing (district nursing) is that there is a distinct lack of evidence to support any of the specific tools or processes because caseload staffing in the community is intensely complex. The recommendations are that organisations should work together locally to agree a suite of metrics and then standardise collection and monitoring of the metrics.

In the autumn of 2017 the ICFT adult community nursing team undertook an activity analysis. The results of that analysis were accepted by the community nursing team leaders as being representative of their service and the Board has previously been advised of the high level findings in relation to the % of direct patient care vs in-direct care activities carried out by our teams.

Since that activity analysis was carried out a number of pilot schemes have been devised by our community nursing team leaders in partnership with HR colleagues and the Neighbourhood Clinical Directors (GP Leads). One of the pilots involves the use of a dependency tool and that pilot has commenced this month. On 16 May discussions will be held with the team leaders about potential metrics and caseload profiling. The focus of each of the pilots hitherto is on maximising the use of treatment clinics and reducing the in-direct activity time.

11.5 Adult in-Patients

The ICFT uses the Safer Nursing Care Tool (SNCT) twice per annum to review acuity and dependency in adult in-patient wards. The results of the SNCT are then reviewed by a multi-professional group facilitating professional judgement and intra-hospital benchmarking. The improvement resources recommend that a local dashboard is in place to assure stakeholders regarding safe and sustainable staffing and support decision making. In this regard the ICFT currently utilises the heat maps appended to this report however other resources are available including a financially orientated nursing dashboard. Following the development of the Ward Accreditation app the current dashboards are being reviewed to enable a rolling 12 month view of leadership, patient safety and patient experience metrics.

The ICFT has been utilising the SNCT for a number of years and therefore individual results are available and ‘average’ results. Six of the adult in-patient wards; 30, 31, 40, 41, 42 and 44 have day-time nurse to patient ratios (in establishment) greater than the NICE recommended 1:8.

A business case is being prepared for submission to the capital and resource investment group for investment in ward 40 which over consecutive analysis has high acuity and requires an increase in Registered Nursing establishment to achieve a minimum of 4 RN per shift.

Each of the wards have recently created band 3 co-ordinator posts which have been highly successful in relieving Registered Nurses of a number of duties including co-ordination of the Board Round MDT, liaison with social workers and management of aspects of patient discharge.

On the basis that Nursing Associates will be graduating in the next 6 - 7 months they are likely to be offered preferential positions in the aforementioned wards in order to address the nurse to patient ratios. Whilst the Nursing Associate will not be able to assess and prescribe a plan of nursing care, they are, as registered practitioners, able to deliver and evaluate care.

Recently an IAU/AMU business case was supported which will see the separation of the assessment unit into a separate IAU and AMU and achieving a 1:6 AMU nurse to patient ratio.

11.6 Paediatrics

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.

T McErlain-Burns
Interim Chief Nurse