

Tameside and Glossop Integrated Care NHS Foundation Trust

| | | | |
|---------------|--|---------------|-------------|
| Meeting date | 27 th September 2018 | Public | Agenda item |
| Title | Safe Staffing Report (Nursing and Midwifery) | | 9 |
| Lead Director | Tracey McErlain-Burns, Interim Chief Nurse. | | |
| Author | Paula Flint (Deputy Chief Nurse) and Tracey McErlain-Burns | | |

Recommendations made/ Decisions requested

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. This report covers the period July and August 2018.

This paper relates to the following Strategic Objectives-

| | | |
|---|---|---|
| √ | 1 | To ensure our patients and users receive harm-free care by improving the quality and safety of our services through the delivery of our Quality and Safety programme. |
| √ | 2 | To improve our patient and service user experience through the delivery of a personalised, responsive, caring and compassionate approach to the delivery of care |
| √ | 3 | To continue to recruit and retain talented individuals whilst developing our staff and future workforce to support the integration and transformation of our services. |
| | 4 | To enable our five primate care neighbourhood hubs and key partners to enable them to deliver new integrated service models in order to improve the health and well-being outcomes for our communities through supporting people- <ul style="list-style-type: none"> • to prevent ill-health and live healthy, independent lives where possible; • to manage any on-going health conditions more effectively in their own homes and communities; • To facilitate easy access to joined-up services in the most appropriate location. |
| | 5 | To deliver against the required national regulatory frameworks and agreed local standards, in terms of quality, access and financial performance. |
| | 6 | To access available technologies and research to improve the outcomes for our patient population. |

The paper relates to the following CQC domains-

| | | | |
|---|----------|---|------------------|
| √ | Safe | √ | Effective |
| | Caring | | Responsive |
| √ | Well-Led | √ | Use of Resources |

Where issues are addressed in the paper-

| | |
|--|--|
| This paper is related to this BAF risk- | 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. |
| | Section of paper where covered |
| Equality and Diversity impacts | Nil. |
| Financial impacts if agreed/ not agreed | As a result of the safe staffing establishment reviews two papers are being prepared for submission to CRIG; paediatrics and ward 40. Both will be recommending investment. |
| Regulatory and legal compliance | <p>NHS England monthly requirement to publish and report Staffing Data</p> <p>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).</p> |
| Sustainability (including environmental impacts) | The Trust is required to ensure staffing levels are adequate to meet patient safety and quality requirements. |

Executive Summary

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. It also includes reference to the six monthly establishment reviews recently undertaken.

There are no recommendations contained in the report. In summary; CHpPD for the previous 2 months was 7.5 influenced by occupancy levels in two areas. Registered Nurse fill rates were adversely affected by excessive annual leave allocation in the month of August and therefore the Interim Chief Nurse is seeking assurance from the Assistant Chief Nurses that they are personally approving rosters and managing leave allocation.

A separate discussion is being scheduled to consider a medical nursing workforce plan informed by the most recent Safer Nursing Care Tool results and ongoing recruitment challenges.

Finally, the report outlines the new local arrangements for NMC Revalidation assurance and developing the understanding of all Registered Nurses and Midwives of The Code of Practice.

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 July 2018 and this included the May and June 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 August 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).

Data in the table below demonstrates that CHpPD has been sustained at 7.5 during July and August. As described in the Board paper in July, this is influenced by occupancy levels, especially in the Children's Ward and on Stamford level 2.

Later sections of the report describe how the data from Model Hospital has been used to inform safe staffing establishment reviews.

At this point the Board should note (based on July 2018 Model Hospital refresh) that the ICFT remains in quartile 1. Additionally the Board should note that the range of CHpPD in quartile 1 (July refresh) is 6.5 to 7.6.

Without further action CHpPD will reduce again when occupancy levels in the aforementioned areas increase. To counteract this a review of the recent Trainee Nursing Associate (TNA) contribution to care has been undertaken and as of 03 September 60% of their remunerated hours will make a contribution to CHpPD. It is expected that CHpPD for September will settle at 7.4.

| Month | Aug 17 | Sept 17 | Oct 17 | Nov 17 | Dec 17 | Jan 18 | Feb 18 | Mar 18 | Apr 18 | May 18 | Jun 18 | July 18 | Aug 18 |
|-------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|
| CHPPD | 7.2 | 7.1 | 7.1 | 7.1 | 7.1 | 6.9 | 6.9 | 7.0 | 7.2 | 7.3 | 7.6 | 7.5 | 7.5 |

3.2 Fill rates

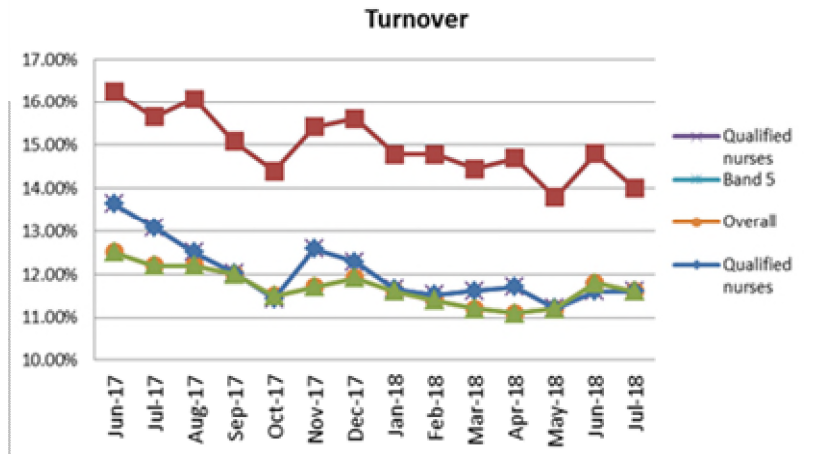
In July the Board was advised of an increase in day time Registered Nurse fill rates, each month over the period February, March, April and May, and a sustained night time fill rate. For the past two months fill rates have reduced and as demonstrated in the heat maps the position in August was adversely affected by the allocation of annual leave.

Eleven areas over allocated Registered Nurse annual leave in August and two areas over allocated Care Support Worker leave. In order to manage leave allocation over the winter period, and especially over the festive periods the Interim Chief Nurse is seeking personal assurance that rosters have been approved by the Assistant Chief Nurse, and using August as the example, and analysis of leave approval after roster approval is being undertaken to inform additional controls.

Six areas achieved Registered Nurse fill rates less than 80%. Ward 46 had the lowest RN fill rate and a separate meeting will take place to review the actions related to this ward; including the opportunity for contributions from non-ward based nurses and therapists.

4. Retention

The significant improvements in retention have been sustained and turnover at the end of August was 11.6%.



Regular fortnightly meetings between operational nursing and midwifery leaders with senior HR Business Partners and the corporate nursing team continue to be held. Over the next few weeks these meetings will focus on refreshing the improvement plans; evaluating the recruitment campaigns and constructing a Nursing and Midwifery Workforce Strategy-on-a-Page.

5. Recruitment

In previous months the Board was advised of the Greater Manchester recruitment campaign, including the participation of four Registered Nurses in the campaign video. As a result of that campaign there have been several enquiries to the Trust but no offers of appointment as yet.

On 12 September the most recent local recruitment event was held, hosted at the Stamford Unit. Fifteen potential future nurses attended the event and a number of interviews are being held week commencing 17 September; advertising for this event included large screen at the Trafford centre.

In addition to the generic (and some post specific) adverts on NHS Jobs a new advertising campaign is being designed along with a 'recruitment calendar' for the period 2019/20. The challenge associated with recruiting Registered Nurses remains a corporate risk and as such is one of the top five risks featured in the Board Assurance Framework.

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

The non-ward based nursing contribution to direct patient care programme was launched a year ago as part of winter resilience plans, and with the support of the Board has been encouraged throughout the year.

The number of non-ward based nurses participating in the programme on a regular basis has been low and in reality divisionally led clinical nurse specialist job plan reviews (as part of Trust efficiency Programme (TEP)) indicate that clinical nurse specialists are regularly in-reaching into wards.

In July & August non-ward based nurses contributed 174 hours of care at ward level. In total these hours avoided £2784 of temporary staffing expenditure.

This month the Interim Chief Nurse is writing to all corporate Registered Nurses / Midwives, Matrons and Assistant Chief Nurses restating the expectation that they each work a clinical shift per month, unless medically exempt, or contracted for less than 30 hours per week.

7. Roster approval

Unusually a small number of rosters were not approved with the required six weeks lead time. The details are available in the heat maps attached at the appendix.

This is an important metric given the feedback from the Nurse / Midwife retention focus groups and will be monitored closely by the Deputy Chief Nurse.

8. Trainee Nursing Associate

Graduates from the first cohort of Trainee Nursing Associates will join the Nursing and Midwifery Council Register at the end of January 2019. The newly Registered Nursing Associates will join two or three wards whereby the role can be fully appreciated and embedded.

On the basis that the positions are being funded from Registered Nursing establishments RNA allocation will be managed by the corporate nursing team.

Later this month a Nursing Associate task and finish group will be established, led by the Deputy Chief Nurse, to review the role within the ICFT, identify the likely placement of cohort two graduates and consider the number of training positions available in future cohorts.

9. Revalidation

The requirement for revalidation every three years has been previously discussed at the Board. The average number of Registered Nurses / Midwives revalidating in each of the past 5 months has been 24. Of those around 50% opt to use the HeART e-portfolio system funded by the ICFT.

In the past month one Registrant was granted an extension by the Nursing and Midwifery Council due to personal circumstances and offers of support have been made available to enable that Registrant to meet the standards for revalidation before the extension lapses.

9.1 New Revalidation Confirmer Process

In January 2018 the Interim Chief Nurse raised concern that there was evidence of some Registrants leaving their revalidation confirmation meeting to the final day before application, implying that this was being seen as a 'tick box' exercise rather than a proper process for confirming compliance with the revalidation requirements. Furthermore there was recognition that some Nurses and Midwives were attending Confirmer discussions with evidence relating only to the preceding 6 months – when the requirement is to demonstrate their application of the Nursing and Midwifery Code of Practice across the preceding three years. As a result of these concerns the Nursing and Midwifery Leadership Forum endorsed the recommendation that the ICFT should mandate a system of Approved Revalidation Confirmers and this was subsequently unanimously supported by the Staffside Partnership.

The new process requires all Registered Nurses and Midwives employed in our organisation to complete their Confirmer conversation with an ICFT Approved Confirmer. Those Approved Confirmers have all met with the Interim Chief Nurse and they understand the requirements of them and especially the need for consistency in the application of standards. The new arrangements come into effect on 02 October and will apply to all Registrants seeking to revalidate in November 2018, and thereafter, unless they have already (prior to 02 October) completed their Confirmer conversation.

On the basis that the new process is about achieving consistency and assurances that all ICFT Registered Nurses / Midwives meet the standards for revalidation, audit has been built into the new process. Each month five (20%) Registrant / Approved Confirmer pairings will be randomly selected to audit the quality of the Confirmer conversation.

The Nursing and Midwifery Council (NMC) have been advised of the ICFT Revalidation enhancements and have responded positively.

10 Red Flags

At all times the ICFT plans to have a minimum of 2 Registered Nurses on each shift, across every ward in the hospital and intermediate tier services. However on 23 August there was a period of 3.5 hours (15:30 to 19:00) when there was only 1 RN on Stamford Unit, level 2. The Board should be aware that this is a Red Flag shift and is classified internally by the Interim Chief Nurse as an internal Never Event. Across the unit there was adequate Registered Nursing capacity to respond to any emergencies, including Matron presence up to 17:00 hours. There is no evidence, as demonstrated in the heat map, of any adverse consequence.

11. Safe Staffing Reviews

This section of the report details the twice per annum safe staffing reviews led by the corporate nursing team in partnership with finance, operational nursing and midwifery leaders and HR Business Partners. Underpinning each review is a suite of improvement resources developed by NHS Improvement on behalf of the National Quality Board. These resources have been used by the ICFT.

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=2414) the required number of wte midwives, excluding managerial and non-clinical posts (14.22wte) is 83.32 equating to a midwife to birth ratio of 1:28.9.

The number of midwives in establishment (excluding managerial and non-clinical positions) at the end of July 2018 was 83.26, providing the required midwife:birth ratio of 1:28.9.

Actual staff in post was 77.82 (excluding 2 wte posts occupied by post-registration student midwives) resulting in a ratio of 1:31.0. All vacancies have been recruited to and over the coming months, ahead of the next BR+ review, a revised workforce plan will be implemented to enable progress to be made towards meeting the recommendations of Better Births (2016).

BR+ and Royal College of Midwives (RCM) guidance recognise 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 2.4 wte assistant practitioners and 2.0 wte senior midwifery support workers. In the 2018/19 workforce plan there are plans to train at least a further 2 midwifery support workers in line with the scope of practice developed by the RCM.

11.2 Paediatrics

A comparison of the existing staffing establishment to Royal College of Nursing guidance would indicate the requirement for uplift in the establishment of 9.93wte. Using professional judgement the multi-disciplinary paediatric team assess the need for an additional 5.5wte and a recent paper to the Capital Resource Investment Group sought an immediate increase of 2wte.

Staffing establishments for the children's ward have been informed by RCN guidance and based on professional judgement. Going forward a license agreement is being finalised to enable use of the Shelford Tool for Children's Units. An uplift of 2wte would be seen as an interim until that tool can be implemented.

11.3 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.

The ICFT has been utilising the SNCT for a number of years and therefore individual results and 'average' results are available. According to the National Institute for Clinical Excellence (NICE) Guidance, there is no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards. However, NICE suggest that there is evidence of increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shifts.

The safe staffing reviews for adult in-patient wards considered ward level CHpPD and how that compared to peer and national median; NICE ratios; SNCT and quality dashboards.

The surgical safe staffing reviews took place on 05 September 2018 and each area, POU, EOU and ISGU currently meet the NICE recommendations. Based on measures of acuity and dependency; assumptions of 100% occupancy and professional judgement the staffing levels for EOU and ISGU are assessed as correct. However the SNCT would indicate that POU is over-established and this will need to be reconsidered after the next round of measurement, when the new models of care have embedded.

The medical staffing reviews took place on 07 September and a number of these suggest a difference in the current establishment and demand. A separate discussion, with the Divisional Director for Medicine and the HR Director is being scheduled to consider a medical nursing workforce plan.

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. It also includes reference to the six monthly establishment reviews recently undertaken.

There are no recommendations contained in the report. In summary; CHpPD for the previous 2 months was 7.5 influenced by occupancy levels in two areas. Registered Nurse fill rates were adversely affected by excessive annual leave allocation in the month of August and therefore the Interim Chief Nurse is seeking assurance from the Assistant Chief Nurses that they are personally approving rosters and managing leave allocation.

A separate discussion is being scheduled to consider a medical nursing workforce plan informed by the most recent Safer Nursing Care Tool results and ongoing recruitment challenges.

Finally, the report outlines the new local arrangements for NMC Revalidation assurance and developing the understanding of all Registered Nurses and Midwives of The Code of Practice.

Paula Flint, Deputy Chief Nurse

Tracey McErlain-Burns, Interim Chief Nurse. 18 September 2018.

