

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	29 th November 2018	<u>Public</u>	Confidential	Agenda item
Title	Safe Staffing Report (Nursing and Midwifery)			9
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Recommendations made/ Decisions requested

The Board is asked to note the publication of new guidance on Care Hours per Patient Day and Developing Workforce Safeguards.

Specifically the Board should note that NHS Improvement have added a section to the annual governance statement about staffing governance processes in which the Trust will be able to describe or explain the extent of the compliance with the National Quality Board guidance.

This paper relates to the following Strategic Objectives-

X	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.
X	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
X	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-

X	Safe	X	Effective
	Caring		Responsive
X	Well-Led	X	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	
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.

The report details a stabilised CHpPD and describes some actions to be taken to implement new guidance on the contribution of ward based AHPs.

Also included is detail on the recently published Workforce Safeguards which will drive changes to the content of this report, including greater detail on ward establishments and assurances on the quality impact of changes ahead of an annual governance statement about safe and sustainable staffing arrangement within nursing and midwifery, and beyond.

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 September 2018 and this included the July and August 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 October 2018 and confirms on-going compliance with the requirement to publish monthly data on staffing levels for nursing, midwifery and care support worker staff.

In October 2018 NHS Improvement published 'Developing Workforce Safeguards' highlighting policy and best practice in effective staff deployment and workforce planning. Included in those safeguards are new recommendations to strengthen the commitment to safe, high quality care in the current climate. An overview of those recommendations and how they apply to the Tameside and Glossop Integrated Care NHS Foundation Trust can be found at section 9 of this report.

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).

Based on the data below the Trust remains in NHS Improvement Model Hospital quartile 1 (August 2018 refresh) for Care Hours per Patient Day.

As predicted the CHpPD for October 2018 was 7.6, which places the Trust at the upper threshold for quartile 1 (6.4 to 7.6).

Going into winter with dependence on escalation capacity this is a concern. In January / February the first cohort of Registered Nursing Associates will contribute to CHpPD in full; however the scale of that impact will be small because they are already contributing 60% of their contracted hours and some of the remaining hours are already filled by care support workers. Combined with non-ward based nursing / midwifery¹ contribution to shifts and capturing those contributions on e-roster CHpPD risk will be closely managed.

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

In August and October NHS Improvement published guidance on CHpPD for acute and specialist Trusts and mental health and community Trusts. This guidance has been reviewed by the corporate nursing team in conjunction with the Finance Business Partner / Model Hospital Ambassador and whilst the process for collecting and reporting CHpPD to date has been correct there are now opportunities to accurately portray the non-nursing and midwifery contribution to care recognising CHpPD as the single measure of nursing, midwifery and care support worker deployment on inpatient wards.

Firstly ward-based allied health professionals (AHPs) and other clinical staff who provide patient care in multi-disciplinary teams alongside nurses and midwives can be included in the safe staffing returns to calculate CHpPD if they are part of the ward roster and included in the ward establishment. AHPs who

¹ If a non-ward based nurse / midwife replaces a bank shift there will be a cost saving, but no improvement on CHpPD. If the non-ward based nurse / midwife fills a vacant shift there will be a CHpPD contribution.

work across several wards, units, clinics and services are excluded when calculating CHpPD. An assessment of these contributions is taking place to ensure that the appropriate staff are recognised in the ward establishment and their shifts are captured on the e-roster from 01 January 2019. This will include ward based pharmacy technicians and potentially some therapy workers on the Stamford Unit².

3.2 Fill rates

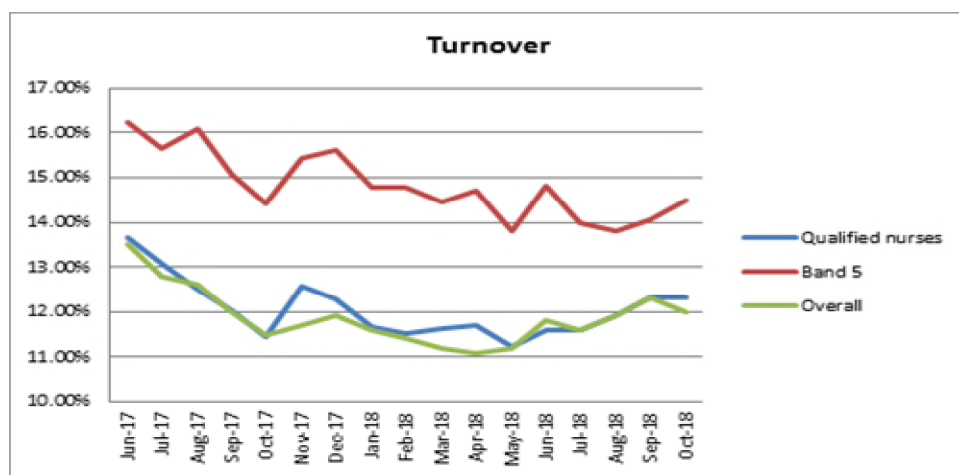
In September the Board was advised that Registered Nurse fill rates had reduced and the effect of excessive annual leave over the summer months was highlighted. Fill rates have improved in September and October with fewer areas reporting less than 80% fill rate. Registered Nurse / Midwife fill rates for both days and nights have improved by 2% to 92.9% on days and 96.3% on night. At the same time care support worker fill rates remain consistent on both days and nights.

Roster scrutiny has been strengthened to oversee changes to leave allocation after roster approval and any adjustments to the allocation of supernumerary hours.

Unusually the acute medical unit (AMU) is highlighted on the heat map (appendix 1) with a fill rate of <90% however following changes to the integrated assessment unit and the introduction of the ambulatory care unit the AMU has had vacant beds throughout the past 6 weeks also evidenced by CHpPD actual significantly exceeding plan.

4. Retention

Whilst turnover has improved (reduced) overall since July 2017 it has increased in the past three months and as such the action plan is being refreshed to bring turnover back down to 11.5% by the end of the financial year.



In addition to a focus on Registered Nursing and Midwifery retention, a similar programme of activities is being discussed with care support workers to understand the reasons behind turnover in that staff group. Soft intelligence is telling us that colleagues joining the Trust from sectors other than health and care are finding the reality of being a care support worker more challenging than anticipated. Several care support workers are joining senior HR and nursing teams to discuss appropriate action plans on 26 November, including the possibility of hosting a quarterly care support worker forum.

5. Recruitment

Twenty two Registered Nurses / Midwives joined the Trust in October / November 2018 and a programme of recruitment activities for 2019 is being finalised.

A small number of enquiries are received each month on the back of the Greater Manchester recruitment campaign, or via the Just R microsite.

As discussed at the Workforce Committee the Trust is working up a number of innovative options for long-term partnerships, as part of a workforce strategy. Inevitably temporary staffing will feature in the workforce strategy and therefore the executive management team (EMT) are reviewing temporary

² The Board should note, this could affect the WAU (weighted activity unit).

staffing rate cards aimed at reducing cost (ensuring efficient use of resources) and having a positive impact on the quality of care and patient / staff experience.

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, however clinical nurse specialist job plan reviews (undertaken as part of Trust Efficiency Programme) indicates that these specialists are regularly in-reaching into wards and contributing to direct patient care.

At the start of this month seventy five eligible Registered Nurses/Midwives, Matrons and Assistant Chief Nurses have been written to restating the expectation that they each work a minimum of one clinical shift per month and asking for that shift to be booked via the e-roster team which will allow contribution to the calculated CHpPD and / or agency / bank avoidance.

7. Roster approval

As of 19 November all rosters have been approved and published with at least 6 weeks' notice; meeting the standard set in the e-Roster Policy.

8. Trainee Nursing Associate

The Nursing Associate role has been created to bridge the gaps between care support workers and Registered Nurses, and create a further entry point into Registered Nurse training. The role has been designed to provide high quality person-centred care across health and social care settings. Early in 2019 NHS Improvement plan to publish guidance to support decision making in the deployment of Registered Nursing Associates.

Graduates from the first cohort of Trainee Nursing Associates will join the Nursing and Midwifery Council Register as Registered Nursing Associates (RNAs) in January 2019. The RNAs will join Wards 41, 31 and the Integrated Assessment Unit (IAU). One post holder will join the radiology team.

Placing the RNAs in a relatively small number of areas will allow evaluation of the role and its impact as most shifts in these chosen areas will have an RNA on duty to supplement Registered Nurse capacity. The RNAs will never be the second registered person on duty, there must always be a minimum of two Registered Nurses / Midwives on duty.

The Deputy Chief Nurse has established a task and finish group which will oversee the evaluation of the role of the RNA in local practice and make decisions on the placement of the second cohort of graduates in 12 months' time. In line with the Developing Workforce Safeguards, published in October 2018, the task and finish group will inform the risk assessment of the changes to any ward establishments and completion of the quality impact assessment tools.

9. NHS Improvement Developing Workforce Safeguards.

Published in October 2018 to support providers to deliver high quality care through safe and effective staffing the document builds on the National Quality Board Guidance. The document describes how NHS Improvement will use a triangulated approach to deciding staffing requirements combining the use of evidence based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place and the right time.

As previously advised the Trust uses the Safer Nursing Care Tool for adult in-patient wards and recently a licence to utilise the Shelford paediatric tool was agreed. In maternity services the Birthrate+ tool is used. For the past eighteen months safe staffing reviews have involved a tripartite review of the results

of review by senior nurses and midwives, finance and HR colleagues, together with colleagues from the areas being reviewed. This has provided an opportunity for discussion and the application of professional judgement alongside review of the contents of the safe staffing heatmaps and other data such as occupancy levels, theatre scheduling and the extent to which the staffing profile is made up of senior and experienced, or more junior, newly registered nurses and midwives.

Developing Workforce Safeguards requires provider Boards to meet 14 recommendations:

1. Trusts must formally ensure that NQBs guidance is embedded in safe staffing governance. The Trust meets this standard.
2. The Trust must ensure the three components identified above are used in safe staffing processes. The Trust meets this standard.
3. Trusts must make an annual governance statement to confirm that staffing governance processes are safe and sustainable. This standard is new. The fact that the Board receives this paper at each meeting demonstrates the approach being taken to achieving safe and sustainable staffing, but there are risks (being managed) as demonstrated in the Board Assessment Framework (BAF).
4. NHSI will review the annual statement through the usual regulatory arrangements.
5. As part of the yearly assessment NHSI will seek assurance through the Single Oversight Framework (SOF).
6. As part of the safe staffing reviews the director of nursing and the medical director must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable. This is new and will need to be introduced in January when the next staffing reviews are presented.
7. Trusts must have an effective workforce plan, updated annually and signed off by the Chief Executive and executive leaders. The Board should discuss the plan in the public meeting. This was recently discussed at the Workforce Committee and will be progressed.
8. Board must ensure their organisation has a quality dashboard that cross-checks comparative data on staffing and skill mix with other metrics such as Model Hospital. The Trust does have a quality dashboard and further work is being undertaken within the Quality and Governance Committee. Furthermore the Effective use of Resources Group ensures that metrics in the Model Hospital are utilised.
9. An assessment or re-setting of nursing establishments must be reported to Board twice a year. The Trust achieves this standard albeit at the next presentation the establishment will be appended to the report ward by ward.
10. There must be no local manipulation of the identified nursing resource, as this may adversely affect the recommended establishment figures derived by using evidence based tools. Hitherto the tools have always been utilised without any adjustments to them as evidence based instruments.
11. Any service changes, including skill mix changes must have a quality impact assessment. QIA capture will need to be strengthened.
12. Any service redesign or introduction of new roles would be considered a service change and must have a full QIA. As above QIA will need to be strengthened.
13. Business as usual, dynamic staffing risk assessment and escalation tools must be used. These are in place and are currently being updated. It has been agreed that that the content of the assessments will be retrospectively validated at the weekly senior nursing and midwifery leadership meeting.
14. Should staffing risks continue or increase and mitigation prove insufficient they must be escalated to Board and actions may include part or full closure of a service.

10. 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.

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impact of changes ahead of an annual governance statement about safe and sustainable staffing arrangement within nursing and midwifery, and beyond.

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