

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

**Meeting Date:** 22 February 2017

**Title and Author of Paper:** Safer Staffing Quarter 3 Report (October – December, 2016) and Six Monthly Skill Mix Review  
Vida Morris Group Nurse Director, Inpatient Care Group and Anne Moore, Group Nurse Director, Specialist Care Group

**Executive Lead:** Gary O'Hare, Executive Director of Nursing and Operations

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

Since the last Board Report Workforce Plans and skill mix have continued to be reviewed and scrutinised by service line taking into account demographic profiles, investment, service developments and transformation and most importantly changes in clinical need.

**Risks Highlighted to Board :** Contained within paper

**Does this affect any Board Assurance Framework/Corporate Risks?** No  
Please state Yes or No  
If Yes please outline

**Equal Opportunities, Legal and Other Implications:** n/a

**Outcome Required:**

To inform and assure the Trust Board that both Specialist and Inpatient Care Groups are ensuring robust and effective management of Nursing Workforce Plans, risk, quality and safety to ensure 'Safe Staffing' in all Clinical Services. This is in line with National Safer Staffing requirements.

**Link to Policies and Strategies:**

- Nursing Strategy
- Safer Staffing Policies and Procedures



Safer Staffing Quarter 3 Report (October – December 2016)

and

Six-Monthly Skill Mix Review (September 2016 – February 2017)

Specialist Care Group and Inpatient Care Group

Shining a light on the future



## **1. Introduction**

In line with the National Quality Board Guidance issued in November, 2013 and in order to assist provider organisations to fulfil their commitments as outlined in “Hard Truths: The Journey to Putting Patients First (Department of Health 2013)”, the Trust is required to consider staffing capacity and capability every six months and a report is to be presented to the Board of Directors accordingly.

Northumberland, Tyne and Wear NHS Foundation Trust Board receives a Quarterly Safer Staffing Exception Report and a Six Monthly Skill Mix Review Report as part of the cycle of reporting.

Nationally, all Trust Boards must be able to demonstrate to their Commissioners that robust systems and processes are in place to assure themselves that the nursing capacity and capability in their organisation is sufficient to provide safe care and that where there are risks to quality of care due to staffing immediate actions are taken to minimise the risk.

## **2. Safer Staffing**

The Safer Staffing Exception Report is included for the time period October, 2016 – December, 2016 and is found at Appendix 1. A summary of the analysis from this report is as follows:

- 4 wards were within the agreed ranges.
- 17 wards had qualified staff under 90%, of which 12 wards were under 80%. Reasons for understaffing were due to changes in the qualified ratio and vacancies being supplemented with experienced unqualified staff.
- In addition to the above, 2 wards had unqualified staff under 90% with a further 1 ward under 80%. This was due to a change in clinical need.
- 21 wards had staffing above 120%, which was due to increased clinical activity, ranging from 325.66% to 120.38%. Of these 21 wards, 4 had staffing over 200%.

Whilst there will always be a degree of variance in staffing required due to clinical activity, it is to be noted that there is a reduction in the number of wards whose qualified nursing staff was below 80% from 17 wards to 12 wards within this reporting period.

Within Appendix 1 there is also included information on the ratio of qualified and unqualified nursing staff in substantive posts and bank and agency usage within each ward area.

Safe staffing is discussed and monitored at ward level, service level and also at both the Trust Quality and Performance Committee and Business Delivery Group.

### 3. Safer Staffing linked to Reporting Mechanisms and Escalation

Within the reporting period October, 2016 – February, 2017 there were a number of concerns escalated to senior staff where the category of concern was either “service affected by levels of staffing or service unavailable due to staffing” as outlined in the following table below:

Date	Number	Department	Report Details
09/10/2016	239690	Bridgewell	Agency Nurse failed to turn up for duty.
20/10/2016	240936	Fraser	Further staff required to assist with prescribed observations due to staff responding to two calls for help to another unit.
21/10/2016	240890	Redburn YPU	Increased eyesight observations resulting in staffing pressure.
28/10/2016	242208	Warkworth	Some staff had to remain on longer than 2 hours of eyesight observations as 2 patients were on male staff only and there were 2 males on duty after 5.00 pm.
14/11/2016	243517	Redburn YPU	Due to the number of observations no staff breaks able to be facilitated. The ward did secure 3 pool staff and a member of staff from another ward.
05/12/2016	245615	Alnwood Ashby	3 members of staff reported sick for duty. Two staff sent from other wards and 1 member of staff sent from Nurse Pool.
13/12/2016	246629	Ward 1B	Nursing Assistant rang in sick – unable to secure support from other wards.
03/12/2016	245422	Longhirst Unit (V15)	Low staffing levels for span of duty.
27/12/2016	247838	Redburn YPU	During an incident there were not initially enough staff to assist with physical intervention and application of MRE due to Response Team managing an incident on PICU.
24/12/2016	247632	Redburn YPU	One member of staff had telephoned the ward and informed them that they were going to be late and another member of

			staff was not due to start until 8:00 am. This left 2 members only until 8.00 am.
Date	Number	Department	Report Details
16/10/2016	240245	Warkworth	Patient not able to utilise Section 17 leave due to staffing levels.
10/12/2016	246901	Alnwood Lennox	No Band 6 on St Nicholas Hospital site available for Seclusion Review. Review completed by Point of Contact.
07/01/2017	248879	Alnwood Ashby	Unexpected clinical issues resulting in staffing pressure and unable to secure support from other wards due to levels of clinical acuity.
08/01/2017	248973	Alnwood Ashby	Two members of staff reported in sick for duty.
24/01/2017	250590	Fraser	Planned escort of patient to school increased to 2 staff due to patient's anxiety. Meaning ward could not release a Response Nurse between 9.30 am and 11.00 am. Point of Contact informed.
28/01/2017	251331	Hadrian Clinic Lowry	During late shift second qualified nurse had to leave ward due to ill health. Leaving 3 staff for remainder of shift.
06/02/2017	252204	Hadrian Clinic Collingwood Court	Only 1 male on the ward. Difficult when dealing with a violent incident, although did have safe staffing establishment.
08/01/2017	248927	Castleside	Pool Nurse allocated to the ward did not arrive for duty.

Where these staffing concerns were highlighted by Ward Teams and escalated for support as appropriate, there were no physical harms reported to patients as a result. However, where this results in a delay to a patient, it is acknowledged that this will have an emotional and / or psychological impact.

There is an escalation process in place both in hours and out of hours where staff can highlight concerns regarding levels of staffing to Senior Nurses on duty. If these Senior Nurses are not able to support and resolve matters then this can be further escalated through Senior Management or On-Call mechanisms. Staff have access over a 24 hour period via Ward Managers, Clinical Nurse Managers, Senior Clinical Nurses, Points of Contact and Night Co-ordinators to ongoing support.

The Points of Contact and Night Co-ordinators can make clinical judgements about staff movement between wards and accessing Flexi Pool or Bank Staff.

#### **4. Staffing Recruitment**

Recruitment still continues to be taken forward using Value Based Central Recruitment Campaigns. These campaigns have made a significant impact on vacancies meaning that the organisation, in terms of nurse staffing, is at its most favourable position for more than 2 years. There has been success even in recruiting to historically hard to recruit areas.

Campaigns were held as follows:

- Campaign 15, September 2016 – 84 Qualified, 18 Unqualified.
- Campaign 16, November, 2016 – 24 Qualified, 34 Unqualified.
- Admin Campaign, Bands 2 & 3, November 2016 – 26 appointed.
- Allied Health Professional Recruitment, January, 2017 – 4 appointed.
- Walkergate Park, Children & Young People's Services and Autism targeted Campaign, January 2017 – 10 Qualified, 4 Unqualified.

Some of the staff appointed have been internal moves across Groups particularly for promotion. The Campaigns have also brought into the Trust a significant number of external candidates who are new to the organisation.

#### **5. Staffing Solutions**

The Staffing Solutions Team in the Trust now manage: the Allied Health Professionals Bank effective from November, 2016, the Administrative Staff Bank effective from December, 2016 and the Psychology Bank effective from November, 2016. This means that all temporary and flexible staffing is managed through one Central Team in the organisation.

#### **6. Skill Mix**

The Clinical Care Groups within Northumberland, Tyne and Wear NHS Foundation Trust continue to monitor their nursing skill mix within services and adapt the workforce accordingly to ensure skilled and safe levels of care provision. Whilst nursing recruitment is in a more favourable position, the Trust faces ongoing difficulties in terms of medical recruitment. Workforce Plans have been developed for each group constructed across service line. These are multi professional and will inform the Trust-wide Workforce Plan

##### **6.1 Non-Medical Approved Clinicians**

Across the Trust senior professional staff from Nursing and Psychology have trained to enable them to become non-medical approved clinicians.

This important development has enabled:

- Improved patient care whilst maintaining patient safety;
- Increasing the diversity of appropriate clinicians;
- The full utilisation of skills of health professionals;
- The promotion of a more flexible and responsive workforce.

These developments have been particularly significant in relation to the difficulties in Medical Recruitment in that their skills are complementing the wider Multi-disciplinary Team.

## **6.2 The Nursing Associate Role**

At the end of 2016 the Trust took part in a regional bid to become a Test Site Pilot for the training of the first cohort of Trainee Nursing Associates. The North East regional bid was awarded “fast follower” status and is now preparing to take part in the second stage of test site partnerships. The Trust has 10 places available in a cohort due to commence 24th April, 2017. The 2 year programme aims to test the ability of education (Teesside University will be the education provider) and service providers to deliver a high quality and innovative work based learning programme of education and training. Health Education England will evaluate the role with key partners and apply and embed lessons learnt to the Nursing Associate Apprenticeship Standard going forward.

The Nursing Associate is new nursing support role, which will bridge the gap between the role of Healthcare Support Worker (Band 3) and a Graduate Registered Nurse.

The Scope of Practice for the Nursing Associate will be:

- Practice at a higher level than a Healthcare Support Worker and apply the knowledge and skills developed during their education and training to a broad range of clinical and care situations;
- Deliver care under the supervision of a Registered Nurse but will not require direct supervision, delivering care at times independently in line with a prescribed or defined plan of care;
- Recognise situations whereby they have reached their own parameters of practice and need to refer on to the Registered Nurse or other healthcare professional;



- Be accountable to Registered Nurses and expected to comply with their employer policies in the delivery of high quality care.

In addition, Nursing Associates will:

- Correctly and safely undertake any / all delegated routine medicine calculations;
- Administer medicines safely and in a timely manner; (N.B. Nursing Associates will only administer medicines, if suitably trained and competent, in settings where it is deemed appropriate and where this is guided by organisational medicines management policies);
- Communicate and / or act upon any concerns about or errors in the administering of medicines

The Nursing and Midwifery Council announced in January, 2017 that it had formally agreed to a request from the Department of Health to be the regulator for the new Nursing Associate role and will work with stakeholders including the Department of Health and Health Education England in the development and implementation of the role. This will include the development of a Code of Conduct.

The Trust are excited by the opportunity that the Nursing Associate role will bring, however, there will need to be some work undertaken to look at the current Bank 4 role of Assistant Practitioner in the Trust which is not regulated and develop a top-up process to enable Assistant Practitioners to gain a Nursing Associate Qualification.

## **7 Current Staffing and Service Challenges**

### **7.1 Gender Mix**

Within the Trust, one of the current major workforce challenges is that of gender mix. Historically, Mental Health and Learning Disability / Disability organisations had more male staff than workforces in Acute Trusts. However, this has now completely changed and across services male staff are now in the minority. Proactive work is now being undertaken to attract male as well as female staff at all grades via Value Based Recruitment. In addition, this matter has been escalated via the Health Education North East Nursing and Midwifery Sub Group who have agreed to discuss this matter further with the Universities in terms of their recruitment to Nurse Training Programmes.

### **7.2 Preceptorship**

Via the Value Based Central Recruitment Campaigns, the Trust has appointed large numbers of newly qualified staff. This has placed

additional pressure on services in providing the appropriate levels of preceptorship for the first 6 months of the newly Qualified Nurses role. In addition to securing an appropriate balance in male and female staff there also has to be an appropriate balance between newly qualified staff and experienced staff who can provide preceptorship and clinical supervision. This has important implications for the retention of experienced staff to maintain this balance in the workforce and Retire and Return Strategies have been a critical enabler in facilitating this.

### **7.3 Service Challenges**

#### Smoking Policy

The implementation of the Smoking Policy has had a significant staffing impact in terms of the staff supporting policy adherence.

#### Mitford Unit

The opening of the new Mitford Unit at Northgate Hospital has led to a significant number of staff being required from the Flexi Pool to support appropriate delivery of individualised care packages. Recruitment to the staffing complement continues in line with admissions to the new unit, and it is expected that staff displaced from organisational changes, such as Learning Disability Transformation will fill the staffing complement.

#### Walkergate Park (WGP) - Neurological Services

It is important to highlight that the highest qualified nurse vacancies due to retirement and ill health retirement, and most difficult to recruit is to Registered General Nurse Vacancies at WGP. Despite a number of open days to the hospital, as well as targeted recruitment this still presents as a challenge.

It has been agreed to add Registered General Nurses to the forthcoming international medical recruitment initiative, and to look at the potential to work jointly with Acute Trust Neurological Services across the pathway regarding rotational posts

#### Gainsborough Ward

The mothballing of Gainsborough Ward meant that the Staff Team could be redeployed into existing Trust vacancies. This had a positive effect on qualified staffing numbers in particular. Whilst this resulted in some minor over establishment in some areas on Band 3 Posts this has been quickly re-adjusted due to staff turnover, retirement and other transitions.

#### Activity Workers

Some Band 3 staff in wards has been successfully redeployed into Activity Worker roles in response to patients raising concerns around activities available. Whilst this has proved successful the next stage would be to extend the hours of the Activity Workers to create more meaningful activity out of hours and at weekends.

#### Peer Support Workers

Across the Trust the wards continue to recruit more Peer Support Workers, Healthcare Workers with lived experience, these posts evaluate positively in feedback from patients.

#### Psychiatric Intensive Care Unit (PICU)

There have been times when the PICU have not been able to accept admissions due to both of their seclusion rooms being in use for long periods of time. This means that patients might have to remain in acute wards where transfer has not been possible which has an impact on staffing. The patient mix and difficulties moving on patients from the PICU is subject to current review and discussion.

### **8. Nursing Bank and Agency Usage**

The Trust continues to monitor weekly Nursing Bank and Agency Usage at service level and monthly via the Trust-wide Bank and Agency Review Group. In line with trajectories developed, spend on Nursing Bank and Agency continues to reduce. However, this will continue to be subject to close ongoing scrutiny.

### **9. Conclusions**

This report aims to provide the Trust Board with assurance in relation to Safer Staffing and work undertaken to attain the most effective skill mix within services.

The Care Groups continue to monitor their nursing skill mix and use of temporary staff and adapt the workforce establishments accordingly to ensure skilled and safe levels of care provision.

The Board is also asked to acknowledge that Value Based Central Recruitment Campaigns continue to have a positive impact not only on addressing vacancies but also ensuring staff are only recruited if they are able to demonstrate they have the appropriate attitudes and values to provide the high standards of clinical care delivery expected by this organisation. The Trust is in a more favourable position in terms of nursing vacancy numbers than it has been for more than 2 years.

Services are continuing to think creatively, through both advancing nursing practice and developing new roles to enable provision of a more flexible and responsible workforce.

**Vida Morris**  
**Group Nurse Director**  
**Inpatient Care Group**  
**February 2017**

**Anne Moore**  
**Group Nurse Director**  
**Specialist Care Group**  
**February 2017**