# **Northumberland Tyne and Wear NHS Foundation Trust**

### **Board of Directors Meeting**

Meeting Date: 27 September 2017

Title and Author of Paper: Safer Staffing Annual Report

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:**

This paper looks at the key achievements in relation to Safer Staffing Requirements.

Risks Highlighted: None

Does this affect any Board Assurance Framework/Corporate Risks?:

Please state Yes or No If Yes please outline

No

**Equal Opportunities, Legal and Other Implications:** 

Nil

#### **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:

N/A



### **Background**

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 a report is presented to the Board of Directors accordingly. An overarching Annual Report is also required. The purpose of this Annual Report is to provide the Trust Board with information analysis and assurance in relation to three key areas of nursing staffing:

- Compliance with safer staffing requirements
- The ratio of qualified and unqualified nursing staff in substantive, bank and agency and usage within the ward areas
- An annual overview of skill mix review and analysis of staffing matters.

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.

Northumberland, Tyne and Wear NHS Foundation Trust Board receive Quarterly Safer Staffing Exception Reports, Six Monthly Skill Mix Review Reports and an Annual Report as part of the cycle of reporting in relation to Safer Staffing.

#### **Safer Staffing Requirements**

In Hard Truths (now known as Safer Staffing) the Government made a number of commitments to make this information more publically available. The Trust continues to comply with the requirements of safer staffing.

The commitments were;

- To publish staffing data from April 2014
- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every 6 months
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level

- A Board report is made available containing details of planned and actual staffing on a shift by shift basis at ward level for the previous months. To be presented to the Board every 3 months
- The quarterly report must also be published on the Trust's website, and Trusts will be expected to link or upload the report to the relevant hospital(s) web page on NHS Choices.

## NTW has adopted a robust application of the guidance including;

- An agreed methodology is in place incorporating both the electronic and paper rostering systems to gather the staffing information in a systematic manner
- RAG system is in place to alert Group Nurse Directors of any wards that have deviated from the agreed staffing levels
- Ward Manager report on a weekly basis highlighting any variance and reasons why on the planned staffing for their ward
- An escalation process is in place for both in hours and out of hours including on call mechanisms
- The information is collated to support analysis of ward staffing
- A Clinical Nurse Manager who oversees the process and escalates as required to service and director leads
- Safer staffing is discussed and monitored at ward/service group and key trustwide meetings.

The Care Quality Commission will seek compliance with all the actions as part of their inspection regime and NHS Improvement will act where the Care Quality Commission identifies any deficiencies in staffing levels in Foundation Trusts

#### What have we achieved over the last twelve months?

The Trust continues to comply with the requirements of safer staffing

• We are currently reporting on 53 wards which is a reduction of 6 wards compared to this time last year.

As agreed at the June 2014 Board of Directors, monthly exception reports would be received by BDG explaining the reasons for staffing being 10% under planned staffing levels and 20% over planned staffing levels.

The establishments have been adjusted in some areas to reflect an increase in qualified staff and as a result unregistered planned staffing levels have been reduced. BDG has considered and gained assurance reports from those wards that

are under on the planned registered nurse level that they will have deployment of staff above the planned unregistered nursing staff levels. This will ensure that the total number of nursing staff on the ward remains safe during this transitional period.

Examples of variance including rationale and actions include:

- Rose Lodge has been running with qualified staff within the parameters but unqualified staff over 170% in the last year this is as a result of increased complex clinical activity involving high levels of violence and aggression, autistic and challenging behaviour. In order to maintain patients safety, this has resulted in virtually each patient on the ward requiring eyesight intervention with more than one member of staff
- Ward 3 at Walkergate Park has achieved an average of 77% qualified staff
  this equates to 2.6 staff per shift rather than the 3.5 qualified staff per shift.
  Qualified nursing staff from across the 4 wards have been redeployed to
  support safety throughout key periods during shifts and working alongside
  therapy staff to ensure patient safety. A rolling advert has been running over
  the last 4 months and resulted in a number of bespoke recruitment sessions
  to encourage Registered General nurses to join our trust. This still remains a
  significant risk area in relation to recruiting specialist Neurological/Registered
  nurses
- There have been a number of changes on Woodhorn ward over the last year with increased clinical activity and the separation into male and female areas. The ward has experienced significant issues with recruitment of qualified nursing staff although the average actual staffing against planned for qualified staffing over this time has been 80% this has been supported by very experience unqualified nursing staff, including Assistant Practitioners. There are high levels of eyesight observations on this ward with most patients requiring 3-1 intervention for personal care and safety.
- Whilst there will always be a degree of variance in staffing required it is to be noted that there are only 4 wards reporting qualified staffing of 80% which was previously reported for 12 wards despite the overall number of wards reducing over the last 12 months, this shows an improved position overall.
- There is a continued reduction in the use of Bank and Agency staff within in patient wards with the usage reducing by half for both qualified and unqualified care staff.

#### **NHSI 90 Day Carter Review**

Following a visit to the trust by NHSI and interviews with Directors of Nursing earlier this year, NTW is one of 23 MH/LD/Community Trusts engaging in the Carter Review process with NHSI. The overall aim of this national project is in improving efficiency and productivity of e-rostering by ensuring the right staff are in the right place at the right time to align with patient needs.

- The focus is on using the 90 day Rapid Improvement Process to consider improvements in rostering and e-rostering systems and learning lessons from each of the pilot sites, and increasing efficiency and productivity
- An internal task and finish groups has been established led by Anne Moore and Stewart Gee
- SGP has been provisionally identified as an area to review and use PDSA methodology given the variance in agency and bank usage and local solutions
- A series of 3 workshops are taking place in London with NHSI for all participant organisations July- September- NTW attendees identified
- NHSI visit NTW in August to review progress and were impressed with both our approach to recruitment but the efforts to reduce agency expenditure

# **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 in recruiting to historically hard to recruit areas.

Following a reflective session facilitated by members of the Trust wide Value Based Recruitment and Retention Group summary it is considered organisationally that Value Based Recruitment and Retention has:

- Helped NTW Trust achieve a stronger position in terms of Nursing, AHP, Administrative and Temporary staff
- Streamlined, made more efficient and achieved consistency in recruitment approaches and standards
- Ensure only people who have the right values and attitudes are recruited to the organisation
- Enabled a holistic view of workforce risks through central management of recruitment, alternative employment, staff at risk and internal transfers
   We will continue to utilise this approach, however in light of the Trusts strong position with no vacancies and appropriate temporary cohorts in flexi pool and bank, smaller localised campaigns will be needed going forward. However fidelity to the 'Value Based Model' will be maintained.

The Trust will be looking to share the success in Nursing and AHP Recruitment nationally, as many other parts of the country continue to find Recruitment extremely challenging.

We will continue to create opportunities to build on successes achieved to move into future recruitment using creativity, collaboration and consistency, share what has been learnt in NTW with other organisations and also to promote best practice.

### **Staffing Solutions**

The Staffing Solutions Team in the Trust now manages the;

- Allied Health Professionals Bank
- Administrative Staff Bank
- Psychology Bank

This means that all temporary and flexible staffing is managed through one Central Team in the organisation. Therefore enabling more creative and flexible approaches to any staffing shortfalls and ensuring compliance with stringent allocation and monitoring mechanisms

#### **Skill Mix**

- Workforce plans and skill mix review continue to be reviewed and scrutinised by service line taking into account demographic profiles, investment, service developments. These are multi professional and are utilised to inform the Trust wide Workforce Plan
- Following the annual review of the skill mix on our inpatient wards we have altered the budgets to reflect an increase in the registered staff ratio on a number of wards to enhance care provision.
- Every time a vacancy arises there will be consideration of clinical need organisational risk and any skills or competency gap to ensure the post identified to be recruited to is best fit for service and in line with Safer Staffing Requirements. This is an ongoing daily activity across the Trust.

#### **Pathways into Nursing and Role Extensions**

We have continued to implement the career and development pathways which underpin the Nursing Strategy and support our "grow your own" agenda. It is well researched that un-qualified staff supported to undergo Professional Training remain loyal to the organisation and attrition rates for these staff is very low.

 Pre Nurse Education programme; over the last two years NTW Trust has supported 8 participants through this programme. This provides those interested in nursing who have little or no health care experience with a year's experience as a Healthcare Assistant. Five of those completing the programme have now commenced Nurse training and a further 2 have places to start training in September 2017. This again creates a pathway into Professional Training for those who historically might not have come into the NHS.

- Nursing Associate Role; as a member of the regional test site pilot we are supporting the development of this new nursing support role which will bridge the gap between the role of Healthcare Support Worker and a Graduate Registered Nurse. The 2 year programme aims to test the ability of education (Teesside University will be the higher education provider) and service providers to deliver a high quality and innovative work based learning programme of education and training. Currently 13 staff are in training and as part of the regional implementation group we will influence the development of both the curriculum and role.
- Secondment to BS(c)Hons in Learning Disability Nursing; in partnership with Teesside University we are supporting 10 staff to undertake their training to become Registered learning Disability Nurses in line with workforce plans. Learning Disability Nursing is difficult to recruit to and this initiative will support the growth of the future workforce in this important area.
- Non-Medical Approved Clinicians; we have continued to support the
  development of senior professional staff from both nursing and psychology to
  enable them to become non-medical approved clinicians. This has improved
  patient care whilst maintaining safety; increased the diversity of appropriate
  clinicians; enabled full utilisation of skills of health professionals whilst
  promoting 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. These wider multi- disciplinary teams, with complementary roles, also
  are able to be more responsive to changing clinical needs and assist where
  Medical Recruitment is difficult
- Gender Mix; It has previously been highlighted in both the February and July 2017 Skill Mix Review papers that one of the current workforce challenges is that of gender mix. Male staff in the organisation are in a minority which can result in difficulties in meeting individual service user care preferences and privacy and dignity requirements. We have recently worked with Northumbria Police through a bespoke targeted recruitment campaign and have recruited 4 male officers who have taken retirement options and joined NTW nurse bank, however these four staff will be allocated to wards once vacancies emerge. The potential to work with similar staff from the Fire and Rescue Service and the Military is also being explored

The Board of Directors are asked to note progress to date and the positive position regarding the Nursing and AHP Workforce. Much cross Trust collaboration is now being undertaken to use the learning from this work to inform developments and action planning in relation to the challenges associated with current Medical Recruitment.

Vida Morris -Group Nurse Director Inpatient Care Group Anne Moore- Group Nurse Director Specialist care Group September 2017