

Nursing, Midwifery & Care Staffing

Trust Board	Item: 12
1st December 2016	Enclosure: H
<p>Purpose of the Report: This report provides the Board with an update on progress with the requirements and updates to the safe staffing guidance, including the published nursing, midwifery & care assistant staffing data and revalidation. The recruitment of nurses, midwives and support staff continues to be of high priority and this report provides the Board with an overview of current and future recruitment activities and key areas of focus in developing nursing, midwifery & support staff.</p>	
<p>For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/></p>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Strategic Objective 1 and 2
Legal / Regulatory / Reputation Implications:	National Safe Staffing reporting requirements
<p>Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/></p>	
Link to Relevant Corporate Objective:	Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
Document Previously Considered By:	N/A
<p>Recommendations:</p> <p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> a) Note the nursing, midwifery and care staffing information provided in line with national safe staffing guidance b) Note progress with recruitment and retention for nursing, midwifery and care assistant vacancies and planned ongoing approaches c) Note the progress with programmes of development for nursing, midwifery & care staff groups 	

Report to Trust Board – December 2016

1. Summary

- 1.1 The Trust Board routinely has a 6 monthly Board report on nursing, midwifery and care staffing within the public board meeting and the previous update was presented in May 2016.
- 1.2 This report provides the Board with an update on the progress with the requirements of the national safer staffing guidance, areas of focus regarding recruitment, retention and developing nursing, midwifery and care staff.
- 1.3 The recruitment and retention of both registered nurses and health care support workers continues to be challenging locally and across London. Since the last report to the Board, significant progress has been made and through the proactive approach to ensuring a current and future supply of staff, as well as initiatives to improve retention.
- 1.4 Updated national guidance has been issued which takes into consideration the need to balance the setting of safe staffing establishments within available resources. This report to the Trust Board provides assurance on how the component parts of this guidance are being met.
- 1.5 The Safe Nursing, Midwifery and Care Staffing Group continue to meet fortnightly chaired by the Deputy Director of Nursing for Emergency Division and Cancer. This group consists of a number of multi-professional stakeholders including nursing, midwifery, practice development and human resources.
- 1.6 The development of the Nursing Associate role is taking place nationally and the Trust has been successful in being named one of the pilot sites, commencing in January 2017.

2. National Developments

- 2.1 In June 2016 the National Quality Board (NQB) provided updated safe staffing resources – ‘Safe sustainable and productive staffing improvement resource’. This update brought together existing guidance with the need to ensure that trusts can make local staffing decisions that enable Trusts to achieve safe and effective care within the available staffing resources. These amendments have taken place following the Lord Carter report, and include the use of the Care Hours Per Patient Day (CHPPD) metric.
- 2.2 The below diagram, taken from the guidance shows its core components, and this report to the Trust Board reflects on elements within this.

Safe, Effective, Caring, Responsive and Well-Led Care

Measure and Improve

- patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback -

- Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -

Expectation 1

Expectation 2

Expectation 3

Right Staff

1.1 evidence-based workforce planning

1.2 professional judgment

1.3 compare staffing with peers

Right Skills

2.1 mandatory training, development and education

2.2 working as a multi-professional team

2.3 recruitment and retention

Right Place and Time

3.1 productive working and eliminating waste

3.2 efficient deployment and flexibility

3.3 efficient employment and minimising agency

2.3 Further work is taking place through the NQB, building on previous work of the National Institute of Clinical Excellence (NICE), to review evidence and develop setting-specific guidance that will begin to be published in late 2016/17. The national work streams that are of particular relevance to the Trust are as follows:

- Inpatient wards for adults acute hospitals
- Urgent and emergency care
- Maternity Services
- Children's services

2.4 As recommended in the Lord Carter review of efficiency, from May 2016 Care Hours per Patient Day (CHPPD) was introduced as the principle measure of nursing and care deployment. Since June 2016 the Trust has been submitting this data monthly in *Unify* returns, and publishing within the Boards integrated performance reports. This data will form part of the Model Hospital dashboard, which the Trust will be able to benchmark CHPPD and other staffing related metrics. To date no further data has been made available on the Model Hospital data in order to facilitate further interpretation and benchmarking by the Trust.

2.5 Further updates and development of the CHPPD metric to support decision-making are planned nationally. The Trust Board will receive a master class in CHPPD in a future board development session in 2017, and when further national benchmarking data is available to aid interpretation.

2.6 As of 1st April 2016 NHS Improvement introduced new mandatory price caps for the use of agency workers, and these remain in place. Year to date the Trust remains under the agency expenditure threshold.

- 2.7 The previously reported changes to Statutory Midwifery Supervision come into place in 2017. National pilot sites are currently testing future approaches. The Trust is monitoring the outputs from these pilots in order to inform its strategy for on-going elements of midwifery supervision in the new context.
3. Developing Nurses, Midwives and Health Care Assistants
- 3.1 The **induction programme** for new nurses and health care assistants was reviewed at the beginning of 2016 and improvements were made to meet the needs of specific starters such as internationally educated nurses. The first new induction programme ran in April 2016 and to date 170 nurses and health care assistants have completed the programme. The programme incorporates all corporate induction requirements, CRS training, medicines management, recognising the deteriorating adult, communication tools, and timely intervention and escalation, dementia and delirium workshops. The programme's theoretical packages of education are supported with simulation. Evaluation of this programme has been extremely positive. In addition to the learning opportunity, participants also develop relationships with each other and the practice development team, thus developing an ongoing support network. All newly qualified midwives are supported through a structured programme of preceptorship with identified competencies to be achieved in the 1st year post qualification. The midwife then progresses to a band 6.
- 3.2 **Band 5 development programme** - The week long programme is designed to help consolidate and further develop the knowledge and skills of the band 5 workforce. The programme includes recognizing, assessing and managing the deteriorating patient, the development and use of appropriate professional values; clinical, problem solving and interpersonal skills that underpin safe caring practices. To date 46 senior staff nurses have attended with 30 additional staff scheduled to attend two cohorts in February and March 2017
- 3.3 **Band 6 development programme** - An intensive programme of 5 days for band 6's to ensure they have robust clinical skills in assessment of the deteriorating adult and also have the ability to assess competence in junior staff and student nurses. The programme develops some of the leadership skills required for a comprehensive knowledge in root cause analysis and complaints management. To date a total of 118 band 6 nurses have successfully completed this programme
- 3.4 **Team development** – Facilitated team development days have continued and since the previous Trust Board report Intensive Care and the emergency department nursing teams have completed these.
- 3.5 **Staff Forums** – the Matrons, Sisters, housekeeper and nursing assistant forums continue on a regular basis. These forums are well attended and received by staff.
- 3.6 The **Care Certificate** has been implemented to address the issues highlighted by the Cavendish Report, which requires all new starters in band 1 – 4 to meet 15 standards around fundamental knowledge and skills within 12 weeks of taking up their position. The Trust has piloted an adapted version of the skills for health framework document and the aim is for this to be rolled out over the next 18 months. To date 162 nursing, midwifery and occupational healthcare support workers have embarked on the programme with 75 having fully completed the programme.

- 3.7 Building on the success of the Trust's **Annual Nursing & Midwifery Conference**, the date of next years has been set as 12th May 2017. Confirmation of speakers is currently taking place.
- 3.8 **NMC test of competence 2 (OSCE)** – The Trust continues to support internationally educated nurses (IEN's) by offering an intensive, 5 day, bespoke 'boot camp' in preparation for the candidates to undertake their OSCE. To date 96 candidates have successfully undertaken the OSCE. The Trusts pass rate is 100% over 3 attempts, this is significantly higher than the national pass rate, which is currently 56% (Oct 2016). There are 11 candidates waiting to complete their OSCE at the end of November 2017. Five IENs are expected to arrive next month (December) with 34 being processed currently and an additional 17 candidates have conditional offers.
- 3.9 **Recruiting to Retain Programme** - This programme was a key initiative for which the Trust received HESL funding in April 2016 to develop and support a rotation programme. As of October 2016, 16 nurses have successfully been recruited onto this programme. In addition a rotation programme for health care assistants was also developed and 7 health care assistants are currently on this programme. All programmes include rotating between 3 different clinical areas during their 24 month rotation with the option of 4 different pathways.
- 3.10 **Nursing Associate** - The Nursing Associate, while not a nurse, works within a nursing model, with the attitudes, skills and knowledge base to deliver holistic care within defined levels of supervision. The nursing associate will have a defined level of competence, boundaries of practice and a national curriculum framework. The nursing associate will deliver person centred holistic care across the spectrum of care which includes; self-care, support management of long term conditions including acute episodes, direct care from pre conception to end of life and to promote public health and well-being. The new role has the support of NHS England, Public Health England and NHS Improvement, who believe it will support Registered Nurses to deliver safe, responsive and effective quality care to service users and patients. The Trust successfully bid with partners from St Georges, Croydon, Epsom and St Helier Hospital, SW London Mental Health, Surrey and Borders and Kingston University to become a test site. The Trust is one of 11 successful bids across England. In January 2017 we anticipate a "go-live" with 8 of our staff.
- 3.11 **Development of the band 3 programme** – the trust is progressing the development of some band 3 roles for health care assistants, as part of a career structure for this staff group, which has a higher turnover level than registered nurses.
- 3.12 **Funding Bid to the Burdett Trust** – The Trust has submitted a significant bid funding bid the Burdett Trust, The Burdett Trust are a charity that support the development of nurses and nursing. The bid focuses on further reducing nursing retention and specifically the deployment of interventions that will build resilience in the nursing workforce in the Emergency Department and Acute Assessment Unit, which have higher turnover levels in comparison to other units. This also fits with the Trusts desire to reduce sickness through workplace stress. If successful the Trust will work in partnership with a designated provider over two years, with research evaluation by Kingston University. The Burdett Trust has communicated that we have successfully moved to the second stage of the bid process, and we should hear in January 2017 if we will receive the grant.
- 3.13 **Nursing and midwifery revalidation** was introduced for all registered nurses and midwives in April 2016. To date, staff have transitioned smoothly into the process, which represents the significant implementation planning that was in place prior to April. Revalidation in the Trust is now overseen by the Associate Director of Nursing for Practice Development & Clinical Support.

All nursing and midwifery staff now have an alert triggered 8 weeks before their revalidation is due, which remains until it is removed by the verifier (usually the line manager).

4. Pre-registration Education

- 4.1 The Trust has sponsored a further 16 staff to undertake programmes of learning to register as occupational therapists, adult and child nurses, midwives, and occupational health nurses. They commenced programmes in September 2016. A buddy system has been introduced for this cohort with senior Trust staff in order to maintain connectivity with the Trust during their training.
- 4.2 From January 2017 the number of student nurses undertaking placements at Kingston Hospital is increasing, planned to be from 75 to 118 from September 2016. The Trust will have confirmation of the exact number of students allocated at the end of November 2016. The Director of Nursing & Patient Experience has been invited to give the 'welcome to practice' address on behalf of providers to all year 1 students at Kingston University in December 2016.

5. South West London (SWL) Collaborative Staff Bank Project

- 5.1 The Trust continues to participate in the SWL Staff Bank Project to reduce the use of agency nursing & midwifery staff across the region. The most significant recent development in the project is the alignment of rotas. The alignment also means that Trust rotas must now be produced a minimum of 6 weeks in advance which is a positive step for Trust staff in ability to manage work life balance. In October 2016, 90% of rotas for the roster period between 12th of December to the 8th of January were completion within the deadline, with an overall completion of all remain rosters within a few days of this.

6. Releasing time to care

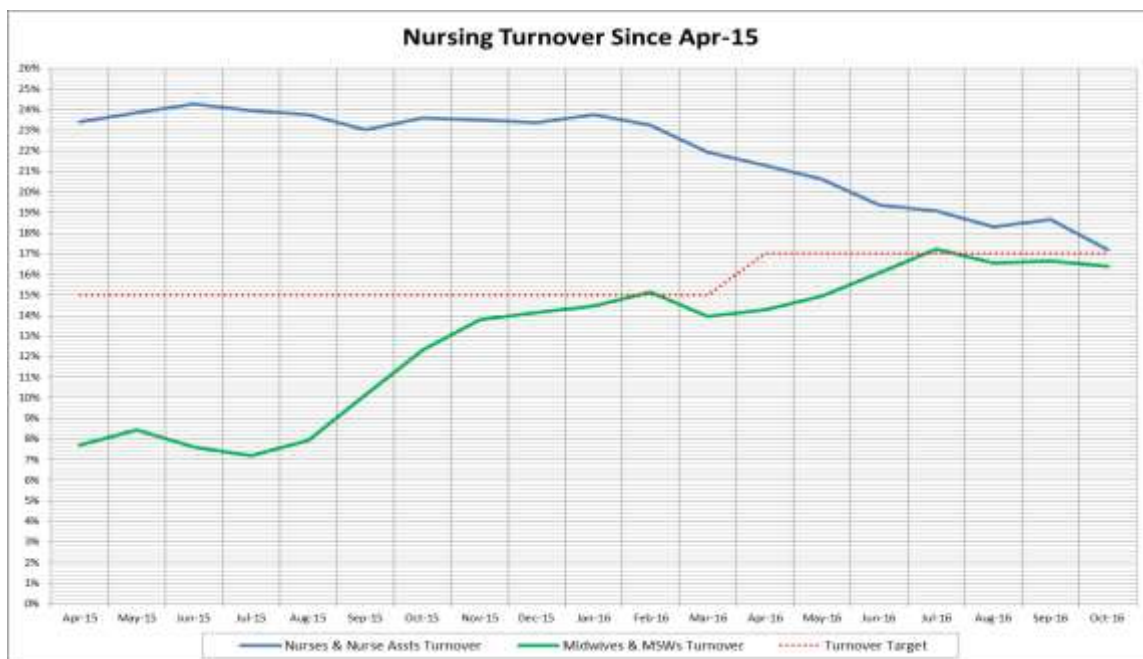
- 6.1 As previously reported to the Trust Board, implementation of wireless vital signs had taken place across the surgical centre. This saves 26 minutes per nurse per day to be spent on activities that support other direct patient care. Since the last report to the Board further deployment has taken place in the Emergency Department and Isabella Ward.
- 6.2 The Trust has decided to alter the remaining component of the fund away from the original plan, which after further exploration would be of limited benefit at this time. This change will enable further funded roll out of wireless devices to inpatient ward areas. The exact number of devices that can be deployed is currently being scoped, but as a minimum deployment to the orthopaedic wards is likely.
- 6.3 The Medical Director, Deputy Director of Nursing and IM&T change manager presented its work on technology conference in Kansas, USA in November 2016. The work was also shortlisted for the October Nursing Times Awards.
- 6.4 The opening of Derwent ward during November 2016 represents a milestone in efforts to create wards that facilitate more direct time with patients. Centralised nursing stations have been removed, and replaced with bay based units, the aim of which is to facilitate systems and environments that bring nurses closer to patients. The impact of this will be monitored in line with nurse sensitive indicators over the coming months.

7. Recruitment & Retention

7.1 The Trusts current vacancy and known starter position for nurses, midwives and nursing/midwifery assistants is shown below in table 1. This represents a further improvement in nursing and nursing assistant vacancies.

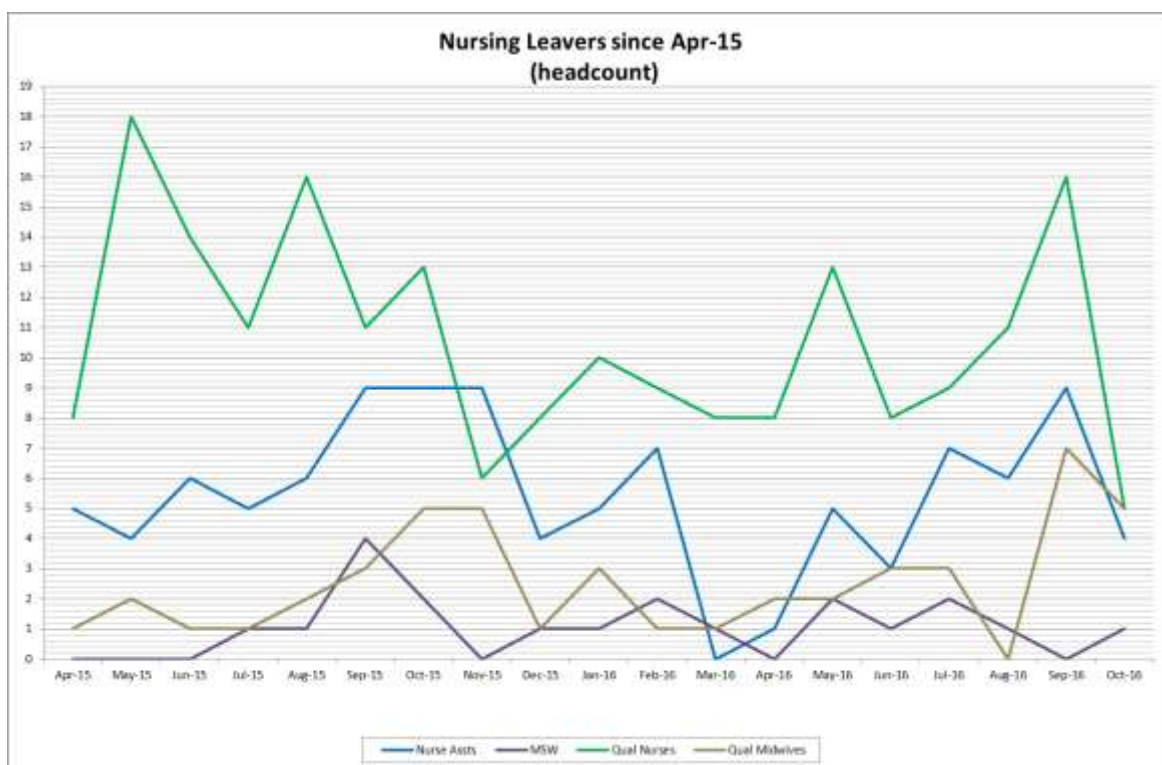
Table 1: October 2016 current vacancy known starter position					
N&M Staff Group	Vacancy WTE	Vacancy rate %	known starters WTE	known leavers WTE	predicted vacancy WTE
Midwives	12.12	6.38%	13.00	6.55	5.67
Maternity Support Workers	3.54	6.74%	0	0.61	4.14
Registered nurses	51.26	6.49%	68.00	14.00	-2.74
Nursing Assistants	17.14	6.95%	17.00	2	2.14
Total	84.06	6.57%	98.00	23.16	9.22

7.2 The trend data on turnover is shown graphically below. For registered nurses and nursing assistants there is a downward trend month on month reducing by 6.21% since Apr-15 to 17.18%, and almost at the 17% Trust target rate. Conversely for registered midwives and maternity support there is an upward trend and whilst still sitting below the 17% target, at 16.39%, this group has increased by 8.7% overall. Analysis of staff turnover rates has shown midwives leaving mainly due to relocation and retirement reasons and support workers commencing midwifery training programmes.



7.3 The maternity service is proactively recruiting midwives to fill vacant posts with a vacancy rate of 6.5 WTE (Band 5 and 6 midwives) anticipated when all newly qualified midwives are in post by 1st December 2016. Further recruitment is in place to fill the remaining vacancies with specialist midwifery roles to attract external midwives to vacant posts.

7.4 The chart below highlights the number of leavers within nursing & midwifery from April 2015 to October 2016.



7.5 There was a peak in both registered and health care assistant leavers in September. This was an expected peak for health care assistants as many left to undertake their nurse training. The registered nurse leavers were evenly distributed across the inpatient areas and no specific themes were identified.

7.6 There are currently 34 nurses from the Philippines process with 5 due to arrive on the 24th of November and a further 6-16 due to start on the 5th of January 2017. An analysis of future international recruitment need has been conducted in November 2016. This predicts the Trust will need to recruit 50 nurses from overseas in 2017/18 and 27 in 2018/19. This represents reduced numbers from prior years, and assumes that there will be no changes by the Migration Advisory Committees in allowing international nurse recruitment. Give the uncertainty associated with Brexit, the plan is to continue to recruit from the Philippines and a further recruitment trip is scheduled for February 2017. The procurement team are supporting an exercise to ensure we are receiving best value for money for overseas recruitment over the coming two years.

7.7 UK based recruitment continues which includes a rolling programme of generic and specialist adverts fortnightly nursing assistant assessment centres; monthly band 5 nursing and assessment with additional centres when required. An example of the success of a more targeted recruitment

approach is within the paediatric department during the summer, as vacancies were becoming more difficult to recruit to. As a result there will be no vacancies within paediatrics by mid-December.

- 7.8 Provision of accommodation for nurses has significantly improved since the previous Board report. This is largely related to the accommodation officer and accommodation policy being successfully implemented, so that tenants are receiving the correct notice period in order to release space. The Trust is currently in the position to offer accommodation to staff out with the nursing group due to this increase in efficiency.

8. Safe Staffing Data & Establishments

- 8.1 Appendix 1 provides a summary of the mandatory safe staffing data, which as stated earlier includes CHPPD data. This data is reported to the Board on a monthly basis via the integrated performance report. There are no areas showing to be of significant concern and the data shows that the Trust has made good progress in achieving planned staffing levels.
- 8.2 Higher levels of nursing assistant reflect use when registered nurse availability is reduced or when enhanced supervision is required. The Trust has restricted the use of agency nursing assistants since August 2016 due to improved substantive numbers and staff bank availability. In exceptional circumstances agency nursing assistant usage can only be authorised by an executive/on call director. A visit by the Deputy Director of Nursing to review work undertaken at Croydon on use of 'specials' for patients requiring close supervision is being planned to determine if there is any further action that could be taken to further reduce this within the Trust.
- 8.3 There has been an increase of 5.5 wte registered nurses (band 6) and 5.5 wte nursing assistants to the Emergency Department Nursing establishment as of November 2016, with the introduction of the clinical decisions unit.
- 8.4 The *Birthrate plus tool* review of maternity staffing undertaken earlier in the year is being reviewed by the new Director of Midwifery, taking into consideration the Trusts current birth rate, and projections for next year. This will form part of the service lines business planning process and will be subject to executive management review and reported to the Board following this.
- 8.5 The creation of the inpatient Patient Tracking List (PTL) has meant that daily acuity scoring can now be collected and the first set of data analysis from September 2016 taking place. As a single month data point is insufficient for review of staffing aligned to acuity, going forward this data will now be built into the monthly Nursing & Midwifery scorecard along with other staffing metrics as shown in this paper, and nurse sensitive patient outcome indicators. This will enable visible triangulation.

9. Conclusion & Recommendation

- 9.1 The Trust has made significant progress recruiting and retaining to nurses and midwives. Over the coming period ensuring that the Trusts recruitment and retention targets continues to be met and exceeded for both nurses and midwives continues as a high priority.
- 9.2 As further setting specific national guidance and benchmarking data becomes available during the remainder of 16/17 the Trust will respond to any implications and update the Board accordingly.

9.3 The Trust Board is asked to:

- a) **Note** the nursing, midwifery and care staffing information provided in line with the national Safe staffing guidance
- b) **Note** progress with recruitment and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches
- c) **Note** the progress with programmes of development for nursing, midwifery & care staff groups

Appendix 1 – July 2016-October 2016 Safe Staffing Data including CHPPD

July 2016 - October 2016 - Safer Staffing Data and Care Hours Per Patient Day

Safer Staffing Performance - Ward																	
Shift	Month	AAU	Alex	Astor	Blyth	Bronte	Cambridge	Canbury	Derwent	Hamble	Hardy	ITU	Isabella	Keats	Kennet	Neonatal Unit	Sunshine
RN % - Day	Jul-16	94.23%	108.95%	96.20%	99.97%	91.03%	99.47%	104.13%	113.56%	93.58%	110.39%	94.90%	90.96%	95.91%	92.37%	100.00%	103.90%
	Aug-16	95.33%	102.85%	99.06%	99.35%	95.69%	103.05%	98.39%	124.91%	94.39%	99.37%	97.77%	83.00%	97.56%	97.75%	99.22%	93.92%
	Sep-16	97.30%	113.41%	100.28%	104.00%	100.32%	100.18%	100.87%	116.74%	94.69%	99.35%	91.98%	96.33%	89.81%	100.00%	100.00%	97.66%
	Oct-16	101.19%	114.02%	109.42%	100.53%	89.21%	103.28%	98.33%	96.83%	104.14%	102.28%	100.04%	113.64%	90.51%	98.40%	100.00%	93.23%
HCA % - Day	Jul-16	101.18%	84.43%	100.00%	106.98%	173.14%	146.94%	150.00%	61.29%	124.49%	115.27%		72.46%	114.00%	101.91%	100.00%	79.52%
	Aug-16	100.36%	94.92%	106.45%	104.36%	143.71%	118.58%	148.18%	97.38%	119.22%	97.88%		109.14%	135.04%	110.94%	100.00%	89.81%
	Sep-16	97.89%	104.92%	99.31%	98.22%	103.14%	115.52%	147.54%	92.17%	115.26%	112.17%		162.47%	136.25%	102.33%	100.00%	36.81%
	Oct-16	100.59%	104.92%	102.42%	115.76%	148.73%	134.62%	124.35%	81.44%	116.32%	102.01%		171.60%	134.41%	99.19%	100.00%	68.92%
RN % - Night	Jul-16	113.14%	101.61%	98.92%	100.33%	100.12%	98.92%	98.39%	100.00%	100.00%	112.13%	92.99%	103.23%	98.92%	98.92%	100.00%	108.27%
	Aug-16	113.25%	100.00%	101.08%	96.77%	102.17%	100.00%	98.39%	96.77%	99.91%	100.00%	99.90%	106.59%	98.92%	99.35%	99.64%	99.20%
	Sep-16	113.34%	118.64%	100.00%	102.22%	100.19%	100.00%	101.69%	116.67%	98.88%	98.89%	93.59%	115.00%	98.89%	100.00%	100.00%	106.32%
	Oct-16	108.45%	119.52%	112.90%	100.00%	96.77%	106.45%	100.00%	82.80%	109.08%	103.21%	99.41%	139.45%	98.91%	100.00%	100.00%	97.91%
HCA % - Night	Jul-16	93.51%	130.00%	69.35%	137.61%	101.61%	180.34%	100.00%	103.65%	146.77%	142.31%		125.00%	99.82%	128.84%	100.00%	51.02%
	Aug-16	103.93%	145.16%	87.10%	154.84%	100.00%	196.77%	100.00%	99.83%	149.18%	106.45%		175.00%	111.73%	169.07%	100.00%	99.28%
	Sep-16	106.67%	170.74%	92.50%	156.77%	100.00%	192.65%	98.43%	131.67%	111.67%	173.04%		400.00%	105.28%	132.34%	100.00%	33.33%
	Oct-16	96.77%	177.42%	98.34%	163.86%	105.11%	146.85%	103.23%	149.89%	115.18%	129.03%		600.00%	108.18%	113.11%	100.00%	50.00%
Care Hours Per Patient Day																	
Measure	Month	AAU	Alex	Astor	Blyth	Bronte	Cambridge	Canbury	Derwent	Hamble	Hardy	ITU	Isabella	Keats	Kennet	Neonatal Unit	Sunshine
Care Hours Per Patient Day	Jul-16	9.8	6.6	6.3	6.1	5.7	7.4	6.6	6.5	6.2	5.6	35.3	10.6	7.4	6.3	9.3	12.1
	Aug-16	9.2	7.3	6.9	5.9	5.5	6.7	6.3	5.9	6.1	5.1	29.8	10.0	7.2	6.0	10.8	11.7
	Sep-16	9.1	6.3	5.6	5.9	5.3	6.2	6.7	6.7	5.5	5.5	32.3	8.8	6.5	5.8	8.6	11.6
	Oct-16	8.6	6.1	6.0	6.1	5.2	4.8	6.5	6.5	9.6	5.5	30.9	8.6	6.3	5.4	9.9	10.5

N.B Isabella HCA % night figures represent small numbers

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