

Bi-Annual Nursing and Midwifery Safer Staffing Report

Public Board

25 January 2024

Presented for:	Assurance
Presented by:	Rabina Tindale, Chief Nurse
Author:	Breeda Columb, Interim Deputy Chief Nurse Sue Gibson, Director of Midwifery Katie Robinson, Associate Director of Nursing Lisa Gibson, Head of Nursing Workforce and Education
Previous Committees:	Quality Assurance Committee receives the Nursing & Midwifery Quality and Safe Staffing Report. This paper reports key patient safety and quality indicators triangulated with workforce data.

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	
Improve staff retention	✓
Deliver the financial plan	✓
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply.	Cautious	Moving Towards
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability	Minimal	Moving Towards

		to achieve safe and effective care for our patients.		
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points		
1. Provide assurance that the Trust remains compliant with national safer staffing regulations and requirements		Information and assurance
2. Provide assurance that nursing and midwifery workforce establishments are reviewed utilising best practice guidance		Information and assurance

1. Summary

The purpose of the Nursing and Midwifery Safer Staffing Report is to provide assurance to the Board that the Trust is fully compliant with national safer staffing regulations, policy and speciality guidance.

The report will provide the outcome and summary of the:

- Safer Nursing Care Tool (SNCT) audit results for Nursing (Adult & Children inpatient areas and Emergency Departments) undertaken July 2023
- Peer assessment against Care Hours Per Patient Day (CHPPD)
- Bi-annual establishment setting review for Nursing and Midwifery completed in October 2023

2. Background

Safer staffing regulations and requirements are set nationally through the Health and Social Care Act (2008) and through guidance from NHS England and the National Quality Board (NQB). Speciality specific guidance is published via the National Institute for Health and Care Excellence (NICE) and through the NQB.

The most recent safer staffing requirements and regulations are provided through the following:

- Care Quality Commission (CQC) through regulation 18 of the Health and Social Care Act (2008)
- Developing Workforce safeguards - Supporting providers to deliver high quality care through safe and effective staffing (NHS England 2018)
- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (NQB 2016)

Developing Workforce Safeguards (NHS England 2018) describes the governance and overarching principles that must be in place at a Trust level to provide assurance in relation to safer staffing regulations and requirements.

This paper provides assurance in relation to the following key requirements:

- Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance
- Trusts must ensure the three components (evidence based tools, professional judgement and patient outcomes) are used in their safe staffing processes
- An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS England resources. This must also be linked to professional judgement and outcomes

3. Safer Nursing Care Tool (SNCT)

Evidence-based decision-making on safe and effective staffing is a requirement for all NHS organisations. The Developing Workforce Safeguards (NHS 2018) and requirements set out by the NQB (2016) support and enable NHS providers to make these decisions, and ensure safe, sustainable and productive workforce planning and compliance with annual governance reporting on safe staffing.

The Safer Nursing Care Tool (SNCT) is a NICE-endorsed evidence-based tool currently used in the NHS primarily by the nursing workforce. SNCT is licenced and has been developed for use in the following settings: adult inpatient wards in acute hospitals, adult acute assessment units, children and young people's inpatient wards in acute hospitals and emergency departments (ED SNCT).

As part of the safer staffing requirements the Trust undertakes a formal review of patient acuity and dependency twice a year using SNCT. During the reporting period, daily assessments of patients are undertaken using the SNCT on eligible ward/areas. Areas outside of SNCT scope include Critical Care, Outpatients, Theatres and Midwifery. These areas use nationally endorsed assessment tools or guidelines such as the 'Guidelines for the Provision of Intensive Care Services' (GPICs), BirthRate Plus (BR+) and activity, capacity and demand planning to guide safe staffing decisions.

3.1 SNCT Results (Adults and Children's Ward and Assessment units)

Eleven CSU's and 84 ward/units were eligible for SNCT audit. Adult and Children's SNCT audit data from July 2023 provides similar outcomes for recommended Registered Nurse

(RN) staffing levels in the areas audited when compared to previous collections (July 2022 and February 2023).

The SNCT result demonstrated that all adult areas met or exceeded the recommended Whole Time Equivalent (WTE) staffing compared to the current nursing establishment. The Childrens CSU audit results showed that for some of the wards, the recommended SNCT WTE was higher than the current nursing establishment.

3.2 Exception Report

The Children's CSU had a SNCT result that showed the recommended WTE was higher than the current nursing establishment.

Staffing shortfalls have been mitigated through redistribution of staff within the CSU and additional support is also provided using temporary staffing resources and enhanced bank and agency rates. The CSU has an overall funded establishment of 621.55 WTE and vacancy gap of 4.6% after utilising bank and agency staff.

The SNCT data from the previous two collections has been reviewed in the phase one bi-annual nursing establishment reviews held in April 2023 and confirmed in phase 2 review in October 2023. Based on the SNCT results, patient outcomes and professional judgement; no changes to the establishment were recommended by the operational CSU Senior Team or the Corporate Chief Nurse Team.

4. SNCT Results Emergency Department (ED)

ED SNCT audit data can provide reliable estimates of the number of nurses required to provide safe patient care in ED areas alongside an overview of acuity and dependency. The July 2023 data outcome is similar for suggested nurse staffing levels in the ED areas, to previous collections in July 2022 and February 2023.

The SNCT ED result demonstrated that all adult areas met or exceeded the recommended WTE staffing compared to the current nursing establishment. The Childrens ED results showed that the recommended SNCT WTE was lower than the current nursing establishment.

4.1 Exception Report

ED SNCT data collection suggests staffing numbers required (in isolation) should be higher than the current planned establishments in Children's ED (10.73 WTE higher).

The Children's ED establishment was increased by 8.61 WTE in October 2022 supported by July 2022 ED SNCT results and the sustained increase in patient numbers. Based on the

SNCT results, patient outcomes and professional judgement; no changes to the establishment have been recommended by the operational CSU Senior Team. Recruitment to vacant Children's ED posts remains a priority.

The CSU, as of May 2023, has a RN vacancy of 42.57 WTE across all of the ED services which have improved from 75.62 WTE in May 2023. Staffing shortfalls have been mitigated through redistribution of staff within the CSU. Additional support is also provided using temporary staffing resources and enhanced bank and agency rates and in November 2023 this reduced the vacancy gap across ED services to 11.52 WTE improved from 35.28 WTE in May 2023. The CSU's RN pipeline, as of November 2023, is 31 WTE.

The next ED SNCT audit is planned for January 2024. The outcome of the audit, funded establishment and professional judgment application will be reviewed along with the CSU's staffing at the phase one nursing establishment review planned for April 2024.

5. Care Hours Per Patient Day (CHPPD)

Care Hours Per Patient Day (CHPPD) is a measure of ward level productivity and transparency on variation in staff to patient ratios across wards, specialties and organisations. CHPPD is calculated using the data supplied to NHS England via a monthly nurse staffing return known as the 'Hard Truths' report. The report calculates CHPPD by looking at the planned number of care hours by professional group (Nursing, Midwifery and Unregistered - Clinical Support Workers) for day and night shifts against the actual number of care hours delivered.

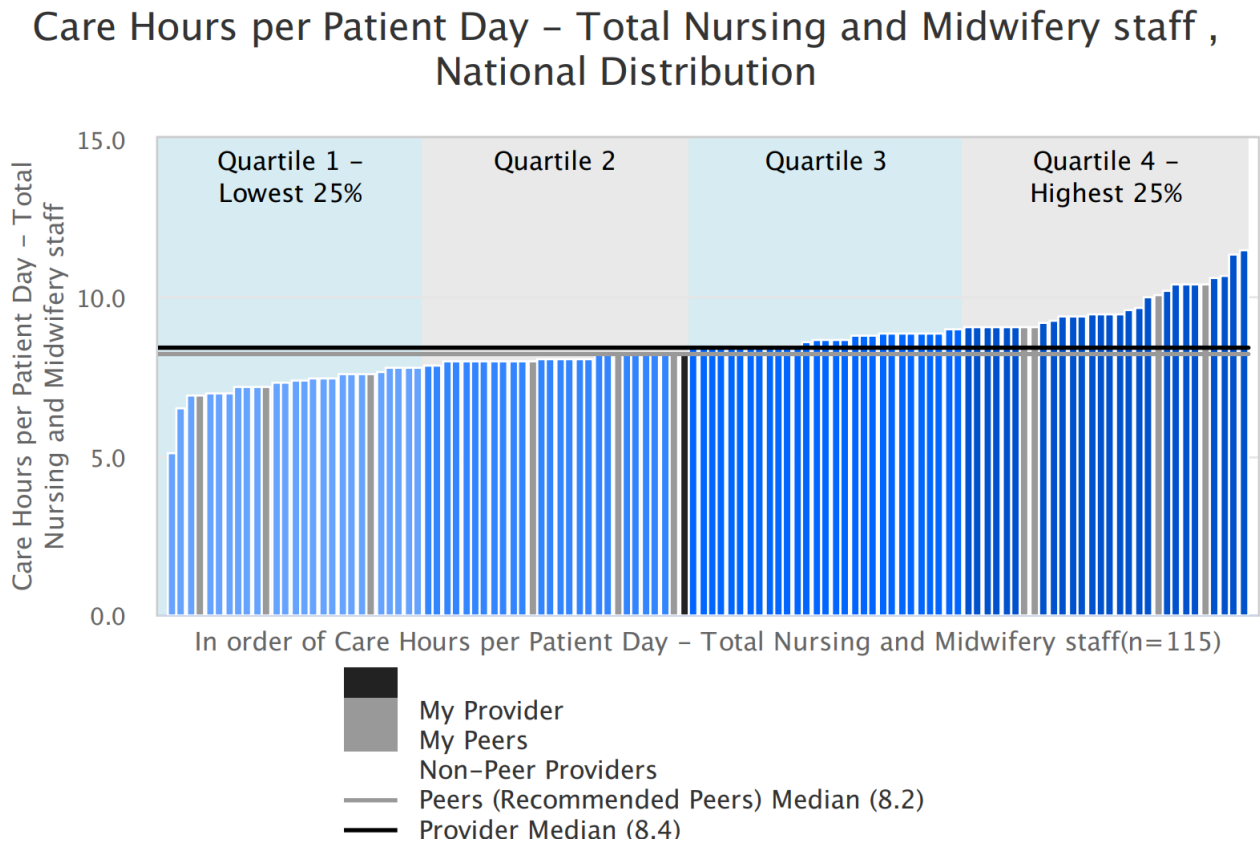
CHPPD can then be viewed for each professional group or as a combined total for benchmarking productivity against regional providers or national peers. The SNCT can provide a recommended 'WTE equivalent' number of staff but this does not differentiate between unregistered and registered staff. CHPPD can be a useful indicator used alongside the SNCT audit to assess productivity and skill mix.

NHS England 'Model Hospital' is used as a data platform to view productivity and CHPPD from across NHS providers in England.

CHPPD broken down by professional group can provide an insight into skill mix (ratio of registered to unregistered staff) however this should not be viewed in isolation.

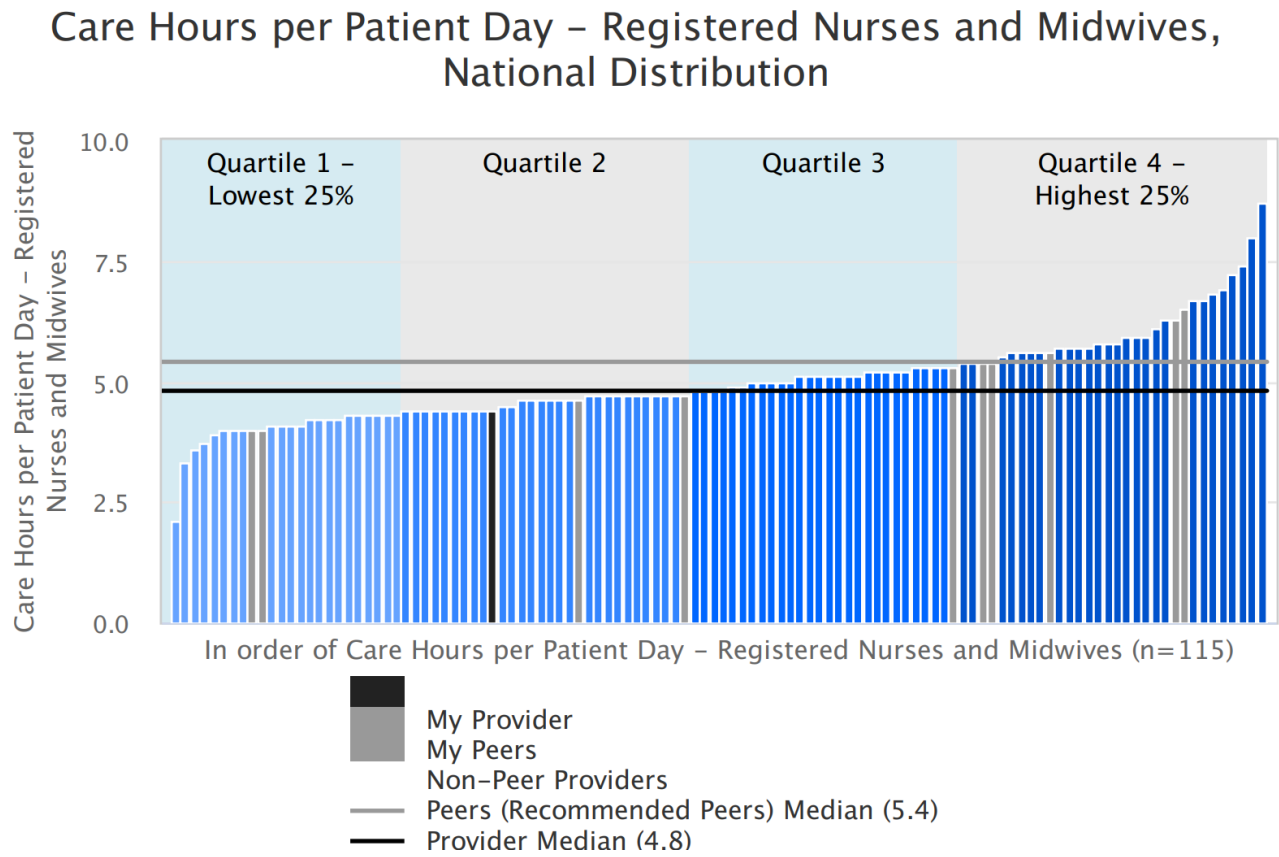
For the purpose of this report, CHPPD has been provided by professional group using the recommended peers list in the Model Hospital. The data available within the Model Hospital is based on the September 2023 Hard Truths report. The recommended peers are a list of 10 NHS Trusts of a similar size and function.

Figure 1: Total Nursing, Midwifery and Unregistered CHPPD



This demonstrates that for combined CHPPD, LTHT is in the top of quartile two with a provider median of 8.4 CHPPD which aligns to the recommended peers combined median of 8.2. This is an increase of 0.3 CHPPD compared to January 2023.

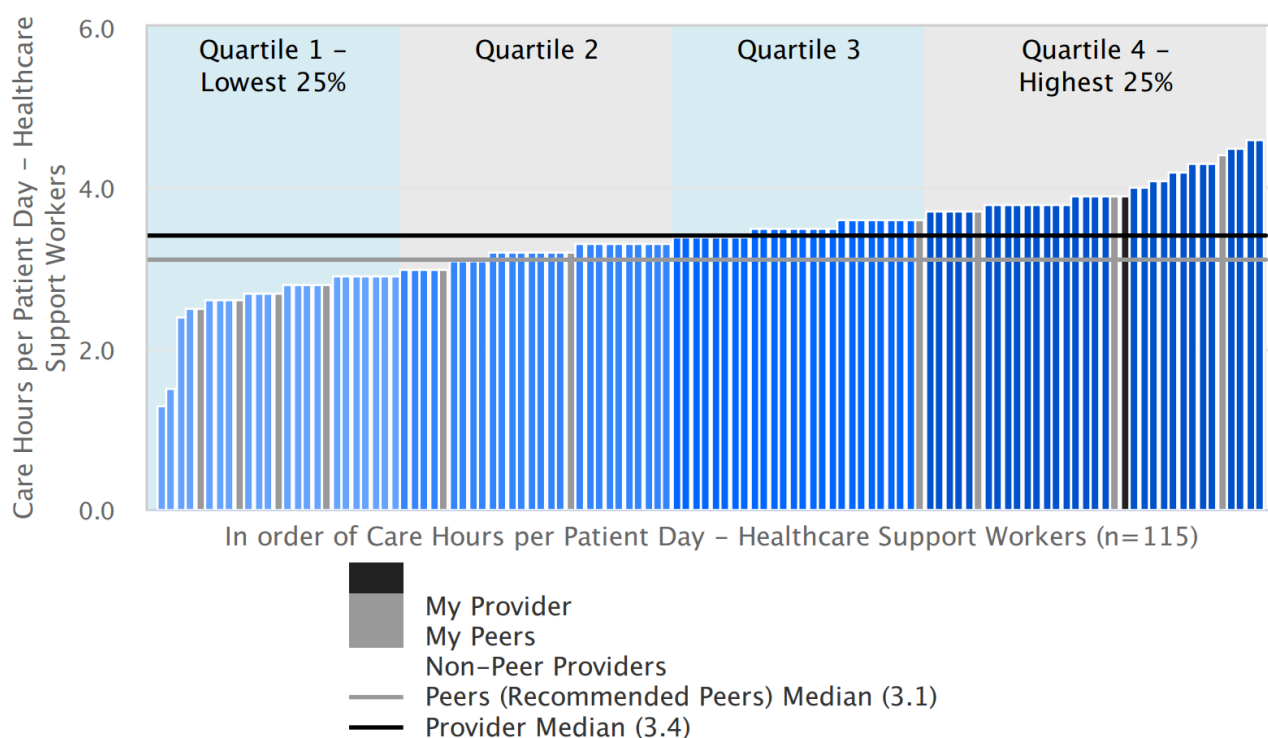
Figure 2: CHPPD Registered Nurses and Midwives



The CHPPD for Registered Nurses and Midwives shows that we are in quartile two when benchmarked against our recommended peers with only two peer organisations reporting a lower number of CHPPD for registered staff. LTHT has a provider median of 4.4 CHPPD against the recommended peer’s median of 5.4 CHPPD. This is a reduction of 0.4 CHPPD compared to January 2023.

Figure 3: CHPPD Unregistered staff (Clinical Support Workers)

Care Hours per Patient Day – Healthcare Support Workers, National Distribution



The CHPPD for Unregistered staff shows that LTHT is in quartile four when benchmarked against our recommended peers with only one peer organisation reporting a higher number of CHPPD for unregistered staff. LTHT has a provider median of 3.4 CHPPD against the recommended peer's median of 3.1 CHPPD.

5.1 Exception report

The results suggest when benchmarking the combined CHPPD, LTHT is aligned to the recommended peers. Registered Nurse and Midwife CHPPD is lower than the majority of the recommended peers. Peer organisations provide an additional 1.0 CHPPD than LTHT. The CHPPD for unregistered staff showed that compared to our recommended peers unregistered staff are providing 0.3 more CHPPD. Significant progress has been made in closing the registered nurse vacancy gap through international and newly qualified recruitment. The data in the graphs is based on the September 2023 hard truths return which would not as yet reflect the number of new registrants who joined LTHT in October 2023. It is anticipated that the next report will show an improvement that closer aligns LTHT to the peer median.

Quality of care and patient safety outcomes are monitored through the Nursing and Midwifery safe staffing report which is reported to the Quality Assurance Committee on a bi-monthly basis.

6. Bi-annual establishment review

As part of the safer staffing requirements set by The Developing Workforce Safeguards (NHS England 2018) and requirements set out by the NQB (2016) the Trust undertakes a bi-annual review of nursing and midwifery establishments.

The nursing establishment review process provides an assessment of the establishment and skill mix and must include an evidence-based toolkit where available. The SNCT evidence based toolkit is used to calculate nurse staffing requirements where appropriate and the outcome data is triangulated with Nurse Sensitive Indicators (NSI) and clinical/expert staff views to form an overall professional judgement discussion at the review meeting.

In preparation for phase one 2024/25 reviews, the Trust will review nursing and midwifery establishments by including:

- A six month overview of nurse/midwifery-sensitive indicators for each area
- Addition of CHPPD data to support benchmarking and aligning to recommended peers
- Metrics including care certificate compliance, practice supervisor and assessor compliance and mandatory training completion rates.

The outcome of the October 2023 phase two review identified that the current funded establishments were fit to meet safer staffing requirements. The review identified that the demand for enhanced care remained consistent with the previous year and the Registered Nurse (RN) and Clinical Support Worker (CSW) uplift in 2022/23 was sufficient for the increased demand.

6.1 Maternity services

Maternity services use Birthrate Plus (BR+) which is a workforce acuity tool used to monitor midwifery staffing versus patient acuity in conjunction with professional judgement. Whilst the SNCT is undertaken twice a year, it is recommended that for maternity services a full BR+ workforce review is undertaken every three years. If there have been significant clinical service changes, a full review can be undertaken at any time. The last BR+ establishment review was undertaken in 2021.

As part of the bi-annual establishment review, the Women's CSU use the BR+ recommended staffing versus workload tables which is populated daily to review their establishments.

A further BR+ midwifery staffing review has been commissioned to identify whether the current workforce modelling remains appropriate for the complexity of care and current service requirements in recognition of an increase in Caesarean section deliveries. The review will also incorporate an assessment of the midwifery workforce required to fully embed the Birmingham Symptom Specific Obstetric Triage System (BSOTS) used in the LTHT Maternity Assessment Centres (MAC). Currently the service has partially implemented the BSOTS model but does not currently consistently have a midwife dedicated to only undertake the initial triage as they may also be undertaking other tasks and providing care. This was an area for improvement identified by the CQC in the recent maternity inspection in June 2023. Data collection has commenced with the final report anticipated early 2024.

6.2 Exception Report

After the February 2023 ED SNCT outcome and as detailed in the previous report the Urgent Care CSU were tasked with reviewing overall staffing given the changes implemented due to COVID-19 pandemic in line with SNCT data. The plan was paused due to new and on-going development work across the ED's including the reviewed plans for Same Day Emergency Care (SDEC).

Therefore, the current agreed nursing establishment has been agreed to remain unchanged. This will be discussed in the phase one nursing establishment reviews planned for April 2024.

It is acknowledged that only safer staffing requirements should be managed through the bi-annual establishment setting process. Any operational changes and future changes to service are discussed as part of the reviews but require full business cases and are managed via Corporate Operations team.

The focus moving through 2024/25 is to support CSU's to recruit to vacant posts independently. The Chief Nurse Workforce team with CSU Heads of Nursing monitor vacancy gaps locally on a monthly basis. An internal workforce return has been developed to support monitoring the vacancy position; cross-referencing with the finance ledger and local intelligence as well as ensuring skill mix (role/band) is monitored in more depth as some CSU's move closer to reaching funded establishment.

7. Risk

The Quality Assurance Committee (QAC) provides assurance oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). There are no material changes to the risk appetite statements related to the Level 2 risk categories

and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

The Board are asked to:

- Note the content of this report
- Gain insight and assurance regarding safer staffing governance

Breeda Columb, Interim Deputy Chief Nurse
Sue Gibson, Director of Midwifery
Katie Robinson, Associate Director of Nursing
Lisa Gibson, Head of Nursing Workforce and Education
27/12/2023