### CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

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<th>Report of:</th>
<th>Chief Nurse – Cheryl Lenney</th>
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| Paper prepared by:  | Chief Nurse – Cheryl Lenney  
                        Deputy Director of Nursing – Dawn Pike |
| Date of paper:      | June 2015                                   |
| Subject:            | **Nursing and Midwifery Safer Staffing Update**  
                        a) To provide an update to the Board of Directors in relation to the Trust position in terms of the nursing and midwifery workforce and to provide an update in terms of safer staffing requirements. |
| Purpose of Report:  | Indicate which by ✓  
                        • Information to note ✓  
                        • Support  
                        • Resolution  
                        • Approval |
| Consideration of Risk against Key Priorities: | (Impact of report on key priorities and risks to give assurance to the Board that its decisions are effectively delivering the Trust's strategy in a risk aware manner)  
Staff and Patient Experience |
| Recommendations:    | Board of Directors to note the actions taken and plans in place to provide safe nursing staffing levels across the Trust |
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1. **Introduction**

1.1. This report is provided to the Board of Directors to provide an update in line with the requirements set out by the National Quality Board (NQB) and the guidance of the National Institute for Clinical Excellence (NICE) safer staffing guidance.

1.2. This report will provide an update on the current position and plans to address any shortfalls.

1.3. The Board of Directors has previously received reports on safer staffing; the last report was in March 2015 which detailed the overall nursing and midwifery workforce position with a specific focus on Staff Nurse (band 5) roles recognising the importance of this role in delivering the majority of direct patient care.

1.4. The report will also provide an update on the developments that have been undertaken to enhance the divisional and Trust escalation processes to ensure the delivery of safe care and to enable the most effective use of the workforce.

2. **Current Workforce Position**

2.1. The Board of Directors received a detailed report on nurse staffing in March 2015.

2.2. Previous papers have reported on the number of information sources that are reconciled to provide accurate staffing reports. Work is on-going to reconcile the data sources to provide a single accurate management information report which will support the recruitment and retention strategies.

2.3. There are currently 722.38 whole time equivalent (wte) vacant nursing and midwifery posts (both registered nurses and nursing assistants) across the Trust, this equates to 13% of the overall Nursing & Midwifery workforce. Of these vacancies, there are 348.02 wte (15%) vacancies at staff nurse (Band 5).

3. **Nursing and Midwifery Recruitment & Retention**

3.1. In December 2014 the Board approved a recruitment campaign for nurses and midwives under a campaign titled *Proud to Care* which would enable the Trust to position itself strategically as the employer of choice with newly qualified nursing graduates as well as attracting experienced staff.

3.2. The ‘*Proud to Care*’ campaign was launched in March 2015 utilising a variety of advertising media including radio and an official micro site to allow potential candidates to learn more about the range of opportunities available for nurses and midwives across the Trust. As a result of the campaign, 231 wte conditional offers of appointment are currently being managed through the pre-employment checks phase of the recruitment process which is an increase on the number of appointments from the same period last year. The majority of these staff (78%) are new graduates who are planned to commence in post over September and October 2015 upon completion of their programme of education.

3.3. The predicted net vacancy position at staff nurse level by the end of October 2015 would be 288.24 wte based on the current profile for leavers and starters.

3.4. In parallel to the domestic recruitment programme the Board of Directors also approved a programme of international recruitment to appoint 300 nurses from India in order to address the continued underlying workforce vacancies as profiled in previous reports.
The international recruitment was agreed in recognition of the wider national workforce challenges which have indicated that the demand for registered nurses will continue to outstrip the supply over the next 3 years, as previously reported.

3.5. The International recruitment programme commenced in February 2015 with the appointment of a recruitment agency partner and undertaking the legal approval process in order to recruit Indian nationals from the Indian Government. Once approval was received, advertising and recruitment commenced during March and April 2015.

3.6. A small team of Trust staff undertook interviews at the end of April resulting in the appointment of 267 staff. Those candidates who received a conditional offer of appointment are currently being processed through the regulatory requirements for the UK Visas and Immigration department (UKVI) and the Nursing and Midwifery Council (NMC).

3.7. There have been some delays in the approval process by the NMC including changes to the English language test requirements which has resulted in a 2 month delay to the planned start in post for these staff. The permission to enter the UK is dependent on the Trust being able to provide each candidate with a current Certificate of Sponsorship (CoS). The Trust was issued these in February 2015 to commence the recruitment process. CoS have a 3 month expiry period from date of issue if not allocated, therefore applications for the CoS must be submitted monthly by the Trust as the prospective employer. UKVI approvals for CoS is a points based system and the Trust is working ensure that our applications continue to be considered favourably by providing an additional statement of case with each application.

3.8. The Trust is cognisant of the impact of the changes to the Immigration Rules and contributing to discussions nationally to understand the impact this may have on this and any future group of international recruits from outside of Europe.

3.9. The first cohort is now scheduled to commence in September 2015 rather than July 2015 due to these delays in the process and are subject to the UKVI issuing a CoS.

3.10 A comprehensive induction programme and pastoral support including engagement with the local communities for both our resident recruits and international candidates, is planned to support the nurses transition into the Trust and their new roles.

3.11 The Chief Nurse has commissioned a strategy for Nursing and Midwifery retention in partnership with the Executive Director of Human Resources. Staff retention is recognised as a key contributor to managing the workforce and reducing the reliance on temporary staff and will be a strategic focus for the Nursing & Midwifery leadership teams over the coming months.

4. Workforce Productivity and Efficiency

4.1 The Trust has participated in the recent review by Lord Carter into workforce productivity and efficiency. The Interim Report ‘Review of Operational Productivity in NHS providers’ (June 2015) recognises the effective use of the NHS staffing resource as key to quality and efficient care delivery. In terms of workforce the report identifies that there is ‘a need to establish standards and best practice policies on productive time, rostering, Specialling and skill range, and embed business processes to manage and monitor productive time.’ The Director of Nursing (adults) is a member of the workforce productivity collaborative which has been established by the national team and the Trust will consider the recommendations of this report against existing policies and practice.
4.2 One of the workforce management good practices identified in the report is the use of eRostering systems to support efficiency and safe care delivery. The implementation of Allocate e-Roster system for nursing and midwifery will complete in July 2015. This system will provide real time management of the nursing and midwifery staff aligned to agreed funded establishments.

4.3 The e-roster software integrates the booking and management of temporary staff through a direct interface with the NHS Professionals web management system and provides electronic timesheet information to payroll to ensure accurate payment of staff. This provides a level of assurance in regards to financial governance and the alignment of demand to establishment.

4.4 The third element of the e-Roster software – SafeCare has been implemented from the 1st June 2015 with the implementation of the SafeCare module. This software provides real time attendance recording at the start of each shift which is matched against the actual acuity and dependency of the patients. This in turn enables appropriate allocation of staff to patient care needs.

4.5 The next stage will be to develop a series of management information reports to allow operational oversight of performance and contribute to strategic decision making in regards to workforce utilisation.

5. Escalation Process

5.1 A key requirement of the NICE Safer Staffing guidance is to have in place a mechanism for the recording of ‘red flag alerts’. Red flag alerts are defined within the NICE guidance as events that prompt an immediate response from the nurse in charge, which may include allocating additional staff or amending staff to patient allocations.

5.2 The NICE guidance requires that all Trusts have an identified system to enable nurses and midwives to identify ‘red flag alerts’. The guidance defines red flags as the following events:

- Vital signs not assessed or recorded
- Unplanned omission in providing medication
- Shortfall in Registered Nurse time
- Missed intentional rounding
- Less than 2 Registered Nurse’s on shift
- Delay in providing pain relief

5.3 The SafeCare software provides staff with the mechanism to raise alerts identified as red flags within the current escalation process. Since the implementation of the system the majority of the red flag alerts relate to ‘shortfall in nursing time’, which is consistent with the vacancy position. As the software has only recently been rolled out it is anticipated that other themes may arise once staff are more familiar with the system.

5.4 The final stage of the eRoster implementation is the integration of the e-rostering data and safer care information into the Trust data warehouse. This will negate the need for nurses to collect data manually for external reports and the recording of acuity and dependency levels to inform the continued review of nursing establishments.

6. Securing the Future workforce requirements

6.1 As previously identified, the national workforce profile for registered nurses and midwives will not meet the demand even with current increases in nursing commissions. There has been an increase of 5% undergraduate nursing places but they will not complete their education and training until 2017. In addition these numbers will not meet the projected demand.
6.2 The Trust therefore needs to consider more innovative solutions to the workforce issues. As such a strategic workforce delivery group commencing in July 2015, will be commissioned to review the enhanced role of the nursing assistant and the development of alternative practitioner roles to support the registered nursing workforce. The Trust has a track record of developing innovative new roles and will build on this experience; registered nurses and midwives will be key to driving these changes.

6.3 The Trust is well positioned to deliver such programmes in house and also able to recruit from local communities to support emerging initiatives.

7. **Conclusion**

7.1 Significant work is being undertaken to ensure the Trust has the right number of nurses and midwives to care for patients through its strategic approach to recruitment and retention. There is a recognition that more innovative strategic solutions will need to be considered and implemented over the next two years to supplement this workforce to maintain patient safety and contribute to improved productivity and efficiency.

7.2 In line with NQB guidance the Board of Directors will receive the comprehensive 6 monthly Safer Staffing report in September 2015.

7.3 The Board of Directors are asked to receive this report and note the work undertaken to meet our safer staffing requirements.