


Board of Directors' Meeting
10 November 2022

Agenda item	213/22		
Report Title	NHSR Clinical Negligence Scheme for Trusts (CNST) Report		
Executive Lead	Hayley Flavell, Executive Director of Nursing		
Report Author	Julie Plant, Divisional Director of Nursing for W&C and Tina Kirby, Centre Manager for W&C		
	Link to strategic goal:		Link to CQC domain:
	Our patients and community		Safe √
	Our people	√	Effective √
	Our service delivery	√	Caring √
	Our governance	√	Responsive √
	Our partners		Well Led √
	Report recommendations:		Link to BAF / risk:
	For assurance	√	8, 13
	For decision / approval		Link to risk register: 103, 104 and 105
	For review / discussion		
	For noting		
	For information		
	For consent		
Presented to:	2022.10.25 Women and Children's Divisional Committee		
Executive summary:	<ul style="list-style-type: none"> The Board of Directors will receive a full CNST update at their seminar session on 1 December 2022. In the meantime, the latest CNST guidance (updated October 2022) requires that the evidence to support Safety Action 4, standard d), is seen by the Board of Directors <i>prior</i> to December. Hence this forms the sole content of this paper. Safety Action 4 standard d) relates to the Neonatal Nursing Workforce. There is a significant shortfall in band 5 Qualified in Specialty (QIS) nursing staff of 10.91 wte. A plan to address this has been developed and three nurses are currently in training. 		
Appendices	1. Dinning Tool October 2022		
Executive Lead	 Hayley Flavell Director of Nursing, SaTH 25 October 2022		

Introduction

SaTH is nearing the completion of Year 4 of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS). The guidance for this was updated by the regulating body for the scheme, NHS Resolution, in October 2022¹. This latest guidance has amended the CNST signoff date from 5 January 2023 to 2 February 2023.

The planned Board of Directors seminar session at which CNST evidence in its entirety will be presented will go ahead on 1 December 2022, hence this report will not provide a complete overview of CNST.

Rather, in accordance with the latest guidance which states that the evidence for CNST Safety Action 4 (Can you demonstrate an effective system of clinical workforce planning to the required standard?) standard d) Neonatal nursing workforce, this paper is provided in order to provide the Board of Directors with evidence of the extent to which the neonatal unit meets the service specification for neonatal nursing standards.

Specifically, by 5 December 2022, the Trust is required to formally record to the Trust Board minutes the compliance to the service specification standards annually using the neonatal clinical reference group nursing workforce calculator (otherwise known as the 'Dinning Tool'). For units that do not meet the standard, the Trust Board should evidence progress against the action plan developed in year 3 of MIS to address deficiencies.

Whilst this paper has been received and approved by the Women's and Children's Divisional Committee, it has not gone to QSAC – this is due to the fact that the October update brought forward the reporting requirement for this standard from January 2023 to December 2022 and it was necessary to bring the report out of cycle in order to comply with this.

It should be noted that, for year 3 (2021-22) of the scheme, the Trust was able to evidence compliance with the BAPM standards, hence there is no existing plan requiring update.

This paper (for year 4) shows that some changes are required in order to fully meet the standards in their current format. Accordingly, this paper includes an action plan on how this will be achieved. This will also be shared with the LMNS.

Background

The Dinning tool is used regularly to assess staffing requirements in the Neonatal service and was used in 2019 to secure additional investment of 5.5 wte nurses to meet nurse staffing requirements.

The Dinning tool was completed in July 2022 based on activity for the preceding 12 months and results reviewed by the Lead Nurse and Neonatal matron. The tool will be used to review staffing levels every 6 months.

Output of tool

Budgeted position

Staffing budgets are deemed appropriate to meet the standard based on recorded activity. To assure that all activity is being recorded appropriately a clinical data validation post is to be

¹ <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme>

funded by the division. Introduction of a full Electronic Patient Record System (EPR) as part of the roll out of the Badgernet IT system would facilitate this recording and is being worked up as a business case with IT and diagnostic services.

Provision of support staff appears high compared to National recommendations; however, this is required to support the geographical layout of the Neonatal ward. Budgeted Whole Time Equivalent (WTE) does not currently include provision for Transitional Care (TC) and plans to address this are currently in development.

Vacancies

A number of vacancies against budgeted WTE were noted, giving a shortfall of total staff in post at the time of the report of 6.57 WTE against budget. Operationally, to support safe staffing a number of non-clinical quality roles have currently been included in clinical rotas bringing the shortfall of staff in post against the British Association of Perinatal Medicine (BAPM) standard to 1.57 WTE. In other words, SaTH has had to redeploy staff from a number of non-clinical, quality-related roles that are recommended under the BAPM standard to clinical roles, as these must take priority.

These vacancies were attributable to maternity leave, sickness absence and true vacancies.

All vacant posts are in the process of being recruited to and bank/ agency staff are utilised to ensure safe staffing level are maintained on all shifts.

Nursing staff qualified in speciality (QIS)

The number of nursing staff qualified in neonatal nursing as a speciality is significantly below the required standard and this impacting on staffing rotas. There are currently three staff in training and a band 5 QIS training programme has been developed to achieve required standards with 18 months.

Dinning Tool Budgeted Staffing Shortfall	Action	Timescale
While the current Dinning tool does not show a shortfall in budgeted nursing staffing against recorded activity, clinical data validation hours are to be funded to assure that all activity is recorded accurately.	Recruit to a clinical data validator post to lead on ensuring all activity is correctly recorded. Funding has been secured for one year for this post	November 2022
	Work with IT and diagnostic services to complete a business case for the roll out of full neonatal Badgernet EPR to support complete activity recording	December 2022
There is a significant shortfall in band 5 QIS nursing staff of 10.91 wte	An ongoing training plan has been drafted but requires Divisional approval and identification of funding. There are currently 3 staff in training.	December 2022

Desirable additional roles and action plan

A number of additional roles were identified as “desirable” in addition to the requirements outlined above. These posts however are not contained within the Dinning tool and are not

required to meet the standards. These are additional posts which will further enhance the neonatal services at SaTH. Plans to take these posts forwarded are being developed separately.

Please note that the Dinning report, which is a tool provided by the British Association of Perinatal Medicine (BAPM) for calculating the required staffing level for the neonatal nursing workforce, relative to the acuity of the service, was completed in July 2022 by Dr Sanjeev Deshpande (Neonatal Consultant, SaTH), and is provided at Appendix 1 **for information**.

The Board of Directors are asked to note the following abbreviations that are used in the tool:

- BFI – Baby-Friendly Initiative
- CPE – Clinical Practice Educator
- DP – Discharge Planner
- HDU – High Dependency Unit
- NICU – Neonatal Intensive Care Unit
- SCBU – Special Care Baby Unit

The Board of Directors are also asked to note that the concept of ‘Transitional Care’, which is linked to the ‘Avoiding Term Admissions in [the] Neonatal Unit’ (ATAIN) are covered under Safety Action3 and are designed to minimise separation of mother and baby. Currently much of the workforce assigned to this are drawn from midwifery; a plan to provide this from the neonatal unit is underway.

The section in the Dinning Tool titled ‘Suggested Skill Mix: Direct Care Only’ shows in the left hand column (titled ‘BAPM 2011’) the suggested national standard, and in the right hand column, titled ‘WTE change’ what SaTH needs to do in order to attain this standard. As can be seen, many elements of the standard can be achieved by reallocating existing workforce as opposed to increasing the workforce.

3	Actions to be considered by the Board	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Take information form this paper as to the status of the Trust’s Neonatal Nursing Workforce relative to the BAPM standards • Note in the minutes of this meeting that, whilst the standard has largely been attained, further developments in staffing are required, and to note the corresponding action plan set out below. 		
4	Report compiled by:	<i>Julie Plant, Divisional Director of Nursing and Tina Kirby, Centre Manager</i>	Minutes available from:	<i>Alison Kerr-Gold, PA to Women’s and Children’s Divisional Director of Ops</i>

AUDIT INPUTS

TRUST	Shrewsbury & Telford Hospital NHS Trust
UNIT	Princess Royal Hospital
COMPLETED BY	S Deshpande/
DATE COMPLETED	01/07/2021-30/06/2022 Not including DP, BFI & CPE roles

DECLARED COTS

NICU	3
HDU	3
SCBU	16

CRITERIA

ANNUAL CARE LEVEL DAYS	BAPM 2001	BAPM 2011
NICU	596	272
HDU	820	1286
SCBU	3597	3452

NUMBER OF SHIFTS PER DAY	2
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CURRENT UNIT STAFFING: DIRECT CARE ONLY

	WTE BUDGET	WTE IN POST
BAND 7	3.59	2.51
BAND 6	11.15	10.63
BAND 5 QJS	3.71	3.71
BAND 5	23.97	20.05
BAND 4	2	1
BAND 3	5.17	5.12

TOTAL NUMBER OF NURSES	49.59	43.02
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INDICATIVE BUDGET AT MID POINTS INCLUDING ON COSTS	£1,560,481
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Appendix 1 to NHSR Clinical Negligence Scheme for Trusts (CNST) Report

AUDIT OUTPUTS

OCCUPANCY AGAINST
DECLARED COTS

	NICU	HDU	SCBU	TOTAL
BAPM 2001	54.43%	74.89%	61.59%	62.43%
BAPM 2011	24.84%	117.44%	59.11%	62.39%

COTS REQUIRED AGAINST ACTIVITY AT 80% OCCUPANCY

	NICU	HDU	SCBU	TOTAL
BAPM 2001	2	3	12	17
BAPM 2011	1	4	12	17
DIFFERENCE TO DECLARED COTS @ BAPM 2001	-1	0	-4	-5
DIFFERENCE TO DECLARED COTS @ BAPM 2011	-2	1	-4	-5

NURSE STAFFING AGAINST TOOLKIT

	BAPM 2001	BAPM 2011
WTE REQUIRED AGAINST ACTIVITY	47.65	44.59
WTE POSITION AGAINST BUDGET	1.94	5.00
BUDGET POSITION	£27,203	£137,793
WTE POSITION AGAINST IN POST	-4.63	-1.57

CURRENT QIS/REG	43.49%
CURRENT REG/TRAINED	85.54%

SUGGESTED SKILL MIX: DIRECT CARE ONLY

	BAPM 2011	WTE CHANGE
BAND 7	2.00	-1.59
BAND 6	12.47	1.32
Band 5 QIS	14.62	10.91
BAND 5	9.98	-13.99
BAND 4	5.52	3.52
BAND 3	0.00	-5.17

TOTAL NUMBER OF NURSES	44.59	-1.59
QIS/REG	74.46%	
REG/TRAINED	87.61%	