

TRUST BOARD REPORT – 2016 – 2 - 10	
Meeting date:	Thursday 25 th February 2016
Title:	Nursing and Midwifery Staffing
Presented by:	Mike Wright, Executive Chief Nurse
Author:	Mike Wright, Executive Chief Nurse
Purpose:	<p>The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB’s Ten Expectations) and The Care Quality Commission.</p> <p>An update is provided in relation to Nursing and Midwifery Revalidation, which comes into effect from 1st April 2016.</p> <p>In addition, Health Education England has opened consultation on the creation of a Nursing Associate role. Information is provided on this.</p>
Recommendation(s):	<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> • Receive this report • Decide if any if any further actions and/or information are required.

**HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING 25th FEBRUARY 2016**

NURSING AND MIDWIFERY STAFFING REPORT

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB’s Ten Expectations) and The Care Quality Commission.

An update is provided in relation to Nursing and Midwifery Revalidation, which comes into effect from 1st April 2016.

In addition, Health Education England has opened consultation on the creation of a Nursing Associate role. Information is provided on this.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in January 2016 along with the second of the annual reviews of nursing and midwifery establishments for FY 2015/16.

This report presents the ‘safer staffing’ position as at 31st January 2016 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff.

The Trust Board is requested to:

- Receive this report
- Decide if any further actions and/or information are required.

3. EXPECTATION 7

Expectation 7 of the NQB’s standards requires Trust Boards to:

- receive monthly updates¹ on workforce information, and that;
- staffing capacity and capability is discussed at a Trust Board meeting in public at least every six months on the basis of a full nursing and midwifery establishment review. This second part was last presented to the Trust Board in January 2016 (as at December 2015).

The first specific requirement of Expectation 7 is for provider trusts to upload the staffing levels for all inpatient areas on a monthly basis into the national reporting database (UNIFY 2). These are then published via the NHS Choices Website.

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (non-registered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust’s web-page:

<http://www.hey.nhs.uk/openandhonest/saferstaffing.htm>

¹ When Trust Boards meet in public

These data are summarised, as follows:

3.1 Planned versus Actual Staffing levels.

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One**.

Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	82.56%	95.37%	83.21%	93.09%
Jun-14	88.09%	91.96%	91.61%	94.20%
Jul-14	83.41%	87.43%	84.35%	95.62%
Aug-14	83.58%	89.43%	84.39%	95.77%
Sep-14	84.34%	88.59%	84.36%	102.98%
Oct-14	81.38%	87.54%	85.37%	102.49%
Nov-14	85.35%	90.26%	84.30%	101.38%
Dec-14	79.48%	87.57%	80.51%	96.37%
Jan-15	80.99%	87.74%	83.22%	96.76%
Feb-15	80.46%	84.55%	82.57%	96.31%
Mar-15	79.54%	85.38%	81.81%	98.77%
Apr-15	81.36%	90.39%	82.99%	104.79%
May-15	84.21%	94.33%	87.57%	102.19%
Jun-15	84.03%	92.79%	85.01%	102.89%
Jul-15	83.69%	93.80%	86.28%	103.37%
Aug-15	81.13%	90.95%	83.91%	103.18%
Sep-15	79.77%	84.90%	80.54%	91.38%
Oct-15	84.05%	97.36%	85.85%	98.36%
Nov-15	84.48%	94.74%	85.17%	95.08%
Dec-15	85.39%	97.92%	86.99%	105.33%
Jan-16	85.18%	93.92%	87.14%	104.86%

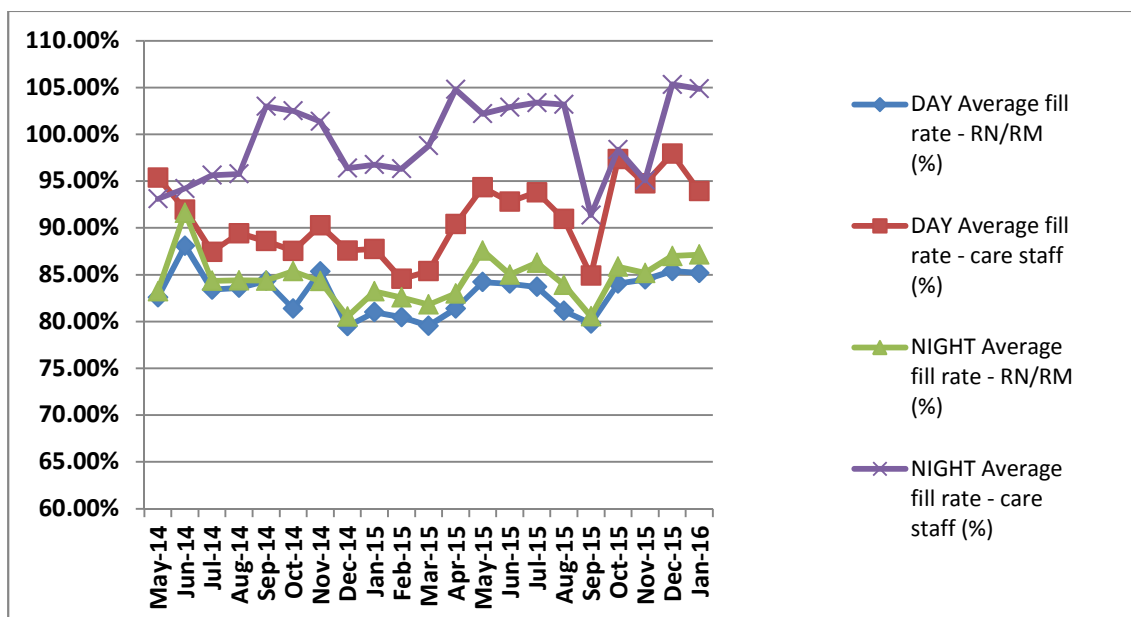
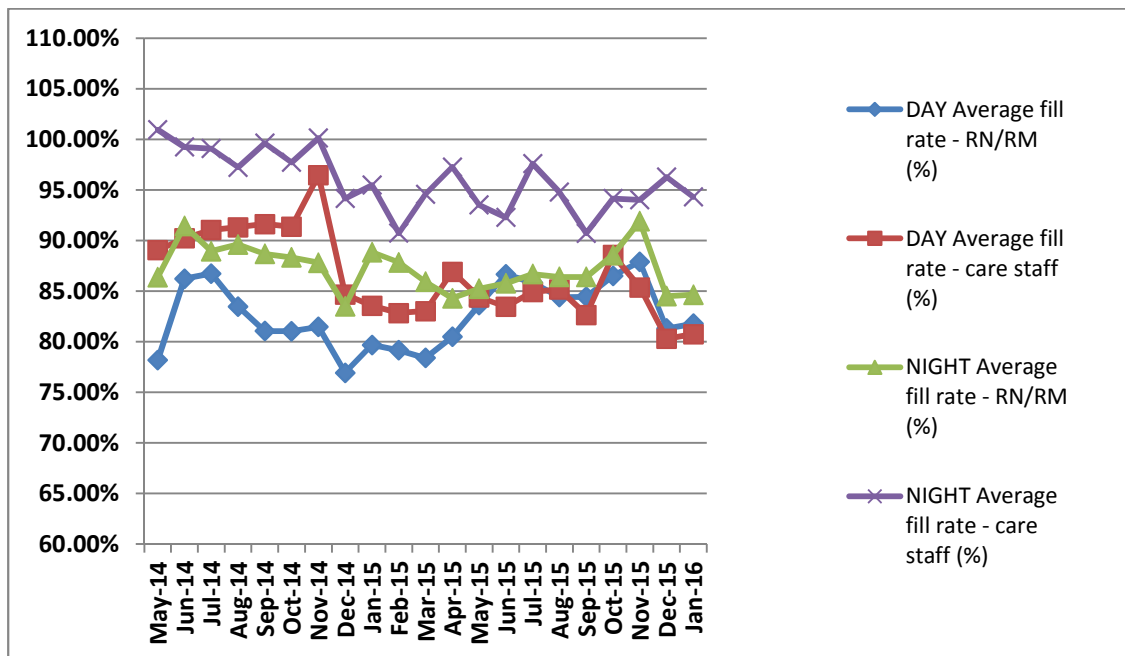


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	78.19%	89.06%	86.38%	100.95%
Jun-14	86.23%	90.22%	91.44%	99.24%
Jul-14	86.74%	91.05%	88.95%	99.08%
Aug-14	83.47%	91.32%	89.61%	97.23%
Sep-14	81.05%	91.63%	88.67%	99.62%
Oct-14	81.04%	91.36%	88.33%	97.73%
Nov-14	81.47%	96.46%	87.80%	100.13%
Dec-14	76.92%	84.67%	83.50%	94.15%
Jan-15	79.67%	83.55%	88.85%	95.47%
Feb-15	79.15%	82.84%	87.84%	90.74%
Mar-15	78.39%	83.03%	85.92%	94.57%
Apr-15	80.48%	86.92%	84.29%	97.26%
May-15	83.63%	84.39%	85.23%	93.52%
Jun-15	86.65%	83.46%	85.77%	92.28%
Jul-15	85.85%	84.93%	86.68%	97.59%
Aug-15	84.40%	85.16%	86.39%	94.77%
Sep-15	84.44%	82.65%	86.39%	90.71%
Oct-15	86.50%	88.58%	88.56%	94.14%
Nov-15	87.90%	85.36%	91.91%	94.03%
Dec-15	81.31%	80.29%	84.50%	96.26%
Jan-16	81.78%	80.75%	84.64%	94.31%



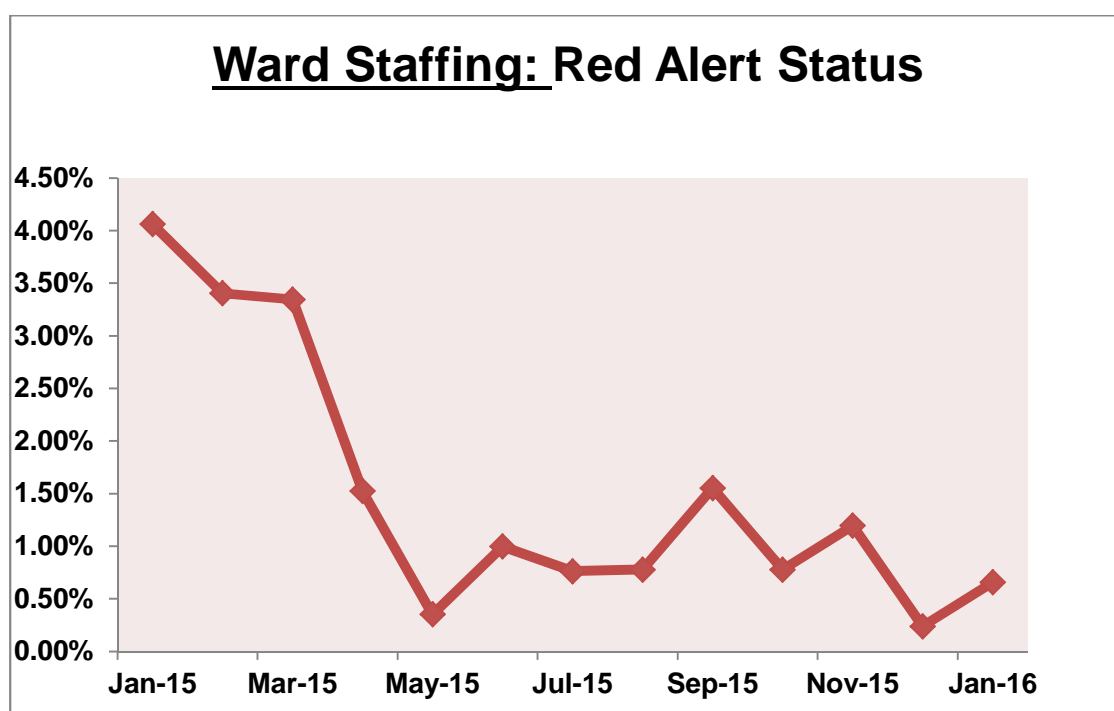
As can be seen, fill rate numbers are stabilising overall. In view of the winter bed and patient flow pressures, staff are still being moved from CHH to HRI to support the more pressurised site and this is reflected in the fill rates for both sites.

The twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director in order to ensure at least minimum safe staffing in all areas. However, some pressures remain in recruiting to optimal staffing levels.

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their view on the safety and staffing levels that day
- the physical layout of the ward
- The availability of other staff – e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

The following table provides information on the number of occasions staff have declared their wards unsafe (Red Alert), ahead of a safety brief. These are the times over each month that this rating has been allocated represented as a percentage of the total number of assessments in that month.



The number of red alert declarations remains relatively small.

The key areas that remain particularly tight for staff on occasions are:

- H70, H8 – both of these wards have some staffing and some quality concerns. A great deal of this is to do with a large and recent cohort of newly qualified or junior registered nurses. Work is under way to upskill these staff as quickly as is possible. (H80 - Elderly Care is now at full establishment and has no quality concerns).
- H11 – Stroke – some staffing shortfalls although these are improving

- C28 – Cardiology – this ward is now fully recruited to but staff are not yet in place; therefore, some staffing gaps remain currently.
- C30, C31 and C33 – Oncology. These wards have had recent staff turnover with experienced staff retiring and then being replaced by newly qualified nurses. As such there are still some skills gaps on these wards. The Oncology Matron is ward based and the teaching staff and specialist nurses are supporting the wards, also.

The Emergency Department is now almost at full nursing establishment with only two registered nursing vacancies currently, which represents a vast improvement in their staffing levels.

However, despite on-going recruitment campaigns, this is still very challenging for the Trust and some risks with securing the required numbers of registered nurses remain.

4. WINTER PLAN NURSE STAFFING – RISK MANAGEMENT

Ward 10 HRI remains open as the winter surge capacity ward. Both this ward and the Clinical Decisions Unit at HRI are being staffed with nurses and care assistants from other ward areas, on secondment. This is also affecting the fill rates for substantive wards. These include specialist nurses, corporate nurses and matrons. These wards remain under daily review but are tight for staffing on occasions.

5. NURSING ASSOCIATE ROLE – CONSULTATION

In December 2015, the Government announced a plan to create a new ‘nursing associate’ support role. The Shape of Caring review² in 2015 recommended developing this role because of an NHS need and that this would provide benefits for patients, the NHS and the individuals that carry out these roles.

The new role, termed currently as ‘nursing associate,’ is expected to ‘sit between’ care assistants and registered nurses to deliver hands-on patient care.

Health Education England is running a consultation on the development of this new role. It is proposing to create a new type of care worker with a higher skillset than care assistants to assist, support and complement the care given by registered nurses.

There are numerous factors consider in developing such a role, including:

- What this role will actually do/achieve?
- The required skill set, training requirements and learning outcomes
- The level of academic underpinning and attainment
- Whether this role should be regulated

The consultation closes on 11 March 2016 and the Trust will compile a response to this in due course.

² <https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/shape-caring-review>

6. NURSING AND MIDWIFERY REVALIDATION

From 1st April 2016, all registered nurses and registered midwives will be required to revalidate with the Nursing and Midwifery Council (NMC) every three years.

Fundamentally, it is the responsibility of the registrant in the first instance to ensure that they are duly registered. However, it is essential that employers support this process, not only as a good employer but also to ensure continuity of staff supply and service provision for patients.

A significant amount of effort has gone into supporting those employed by the Trust that are due to revalidate. In preparation for this, the Trust has been running briefing sessions for those that are due to revalidate in early 2016. These will continue for later cohorts.

The numbers of registrants that are required to revalidate over the next three years, are (headcount):

- April 2016 - March 2017 - 866 staff
- April 2017 - March 2018 - 878 staff
- April 2018 - March 2019 - 911 staff

TOTAL 2,655 staff

Not every registrant that is due in the first few months has attended a Trust briefing session. However, each of these has been written to personally by the Chief Nurse and, also, ward and team leaders have been provided with details of those that are due to revalidate to make sure that they are as prepared as possible to meet the requirements.

Any staff members that fail to revalidate within the required timeframes will be taken off the register by the NMC and the nurse or midwife will need to re-apply to be placed back on the register. If this happens, the registered nurse or midwife will need to be suspended by the Trust as they cannot practice legally whilst not 'live' on the register. It is hoped that this will not happen. However, it remains a possible risk at this stage. The Trust Board will be apprised of any concerns, should they manifest.

7. SUMMARY

The Trust continues to meet its obligations under the National Quality Board's Ten Expectations.

Nursing and Midwifery staffing establishments are set and financed at good levels in the Trust. However, the challenges remain around recruitment and, whilst this is improving steadily, risks remain in terms of the available supply of registered nurses.

Some wards are facing some fill-rate challenges although these are improving steadily and stabilising. Nonetheless, a lot of new recruits are newly qualified or relatively junior and these are needing a great deal of developmental support and supervision. However, these are risk assessed and re-balanced twice a day to ensure at least minimum staffing levels.

Recruitment efforts continue.

The Trust is as prepared as it can be for nursing and midwifery revalidation at this stage. This will continue to be monitored and managed closely.

It remains to be seen what the outcome of the consultation of the new nursing associate role will yield.

The Trust Board will be kept apprised of any developments in these areas.

8. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to:

- Receive this report
- Decide if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
February 2016

Appendix 1: HEY Safer Staffing Report – January 2016

HEY SAFER STAFFING REPORT JAN-16

NURSE STAFFING				MONTHLY AVERAGE		DAY				NIGHT				PATIENT TO RN RATIO		RN & AN		ACUITY MONITORING [AVERAGE]					HIGH LEVEL QUALITY INDICATORS <small>[which may or maynot be linked to nurse staffing]</small>											
HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	Supervisory Charge Nurse	Nurse Staffing Red Alert Status	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	EARLY SHIFT [8-1]	LATE SHIFT [8-1]	NIGHT SHIFT [10-1]	0	1a	1b	2	3	HIGH LEVEL			FALLS				HOSPITAL ACQUIRED PRESSURE DAMAGE					QUALITY INDICATOR TOTAL				
																		REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	GRADE 2	GRADE 3	GRADE 4	DEEP TISSUE INJURY	UNSTAGEABLE		PRESSURE SORE TOTAL			
MEDICINE	ED	ACUTE MEDICINE	NA	#REF!	#REF!	98%	76%	98%	89%	4 : 1	4 : 1	4 : 1	0%	0%	0%	0%	0%	6	1	2	1	3											0	10
	AMU	ACUTE MEDICINE	45	65%	0%	96%	98%	98%	98%	6 : 1	6 : 1	5 : 1	61%	12%	27%	0%	0%	1	1	2	2											0	4	
	H1	ACUTE MEDICINE	22	3%	0%	76%	94%	100%	97%	9 : 1	9 : 1	7 : 1	54%	16%	30%	0%	0%	1				0										0	1	
	EAU	ELDERLY MEDICINE	21	39%	0%	104%	92%	134%	98%	6 : 1	6 : 1	6 : 1	24%	0%	76%	0%	0%	7	1		5	1	6									0	14	
	H5	RESPIRATORY	24	10%	0%	88%	88%	100%	97%	8 : 1	10 : 1	7 : 1	33%	27%	40%	0%	0%					1		1	1							1	2	
	RHOB	RESPIRATORY	6	13%	3%	100%	74%	94%	81%	3 : 1	3 : 1	2 : 1	0%	1%	2%	98%	0%	1				1		1								0	2	
	H50	RENAL MEDICINE	19	3%	0%	77%	99%	100%	100%	6 : 1	9 : 1	6 : 1	56%	1%	43%	0%	0%					1		1								1	2	
	H500	RESPIRATORY	24	39%	0%	86%	85%	100%	87%	7 : 1	9 : 1	8 : 1	66%	1%	31%	1%	0%					1		1								0	3	
	H70	ENDOCRINOLOGY	30	10%	0%	97%	88%	102%	100%	7 : 1	8 : 1	10 : 1	31%	12%	57%	0%	0%	4			4	1	1									0	9	
	H8	ELDERLY MEDICINE	27	42%	0%	91%	103%	68%	102%	7 : 1	8 : 1	9 : 1	38%	0%	62%	0%	0%					2	3	3								0	5	
	H80	ELDERLY MEDICINE	27	13%	0%	80%	90%	68%	98%	8 : 1	9 : 1	9 : 1	28%	3%	69%	0%	0%					3	1	1								0	4	
	H9	ELDERLY MEDICINE	31	10%	0%	66%	93%	70%	100%	9 : 1	10 : 1	10 : 1	9%	4%	86%	0%	0%	1			2	1	1								0	4		
	H90	ELDERLY MEDICINE	29	52%	0%	69%	94%	66%	100%	8 : 1	9 : 1	10 : 1	29%	0%	71%	0%	0%	1				3		1							1	5		
	H11	STROKE / NEUROLOGY	28	45%	0%	68%	100%	67%	95%	8 : 1	9 : 1	9 : 1	41%	5%	53%	1%	0%					1		3							0	4		
	H110	STROKE / NEUROLOGY	24	13%	0%	83%	93%	89%	91%	6 : 1	6 : 1	7 : 1	33%	7%	58%	1%	0%					1		1							1	2		
	CDU	CARDIOLOGY	9	13%	0%	71%	26%	100%		5 : 1	6 : 1	6 : 1	25%	75%	0%	0%	0%							0								0	0	
	C26	CARDIOLOGY	26	26%	0%	75%	77%	80%	100%	6 : 1	6 : 1	7 : 1	48%	17%	26%	9%	0%	2				1	1	1								0	4	
	C28	CARDIOLOGY	17	35%	0%	94%	106%	100%	100%	6 : 1	6 : 1	6 : 1	12%	28%	59%	0%	0%					1		0								0	1	
	CMU	CARDIOLOGY	10	26%	10%	82%	94%	77%	42%	2 : 1	3 : 1	3 : 1	1%	33%	22%	44%	0%							0								0	0	
	SURGERY	H4	NEURO SURGERY	30	19%	0%	76%	93%	80%	99%	8 : 1	8 : 1	9 : 1	43%	1%	56%	0%	0%				2		0	1							1	3	
H40		NEURO HOB / TRAUMA	15	10%	0%	98%	98%	98%	100%	5 : 1	5 : 1	4 : 1	3%	64%	33%	0%	0%					1		0								0	1	
H6		ACUTE SURGERY	28	6%	0%	90%	82%	91%	98%	7 : 1	9 : 1	8 : 1	51%	8%	40%	0%	0%						0									0	0	
H60		ACUTE SURGERY	28	23%	0%	88%	85%	82%	98%	7 : 1	9 : 1	8 : 1	58%	6%	36%	0%	0%	1			1	1	1									0	3	
H7		VASCULAR SURGERY	30	26%	3%	76%	100%	82%	98%	7 : 1	8 : 1	9 : 1	51%	8%	41%	0%	0%					2		2								0	4	
H100		GASTROENTEROLOGY	24	10%	0%	83%	81%	67%	97%	6 : 1	8 : 1	8 : 1	59%	2%	39%	0%	0%						5		5	3						3	8	
H12		ORTHOAEDIC	28	13%	3%	98%	98%	98%	97%	7 : 1	8 : 1	7 : 1	9%	4%	87%	0%	0%					1		1							1	3		
H120		ORTHO / MAXFAX	22	19%	0%	68%	107%	98%	98%	6 : 1	7 : 1	6 : 1	26%	12%	61%	0%	0%							0	1						1	1		
HICU		CRITICAL CARE	22	55%	3%	83%	43%	81%	38%	2 : 1	2 : 1	2 : 1	0%	1%	0%	54%	45%	1			1	2	0		0						0	4		
C8		ORTHOAEDIC	18	6%	0%	48%	71%	82%	100%	9 : 1	10 : 1	7 : 1	57%	1%	43%	0%	0%	2				1		1							0	4		
C9		ORTHOAEDIC	29	3%	0%	72%	81%	100%	110%	9 : 1	9 : 1	10 : 1	48%	0%	52%	0%	0%							0								0	1	
C10		COLORECTAL	21	26%	0%	84%	85%	84%	87%	7 : 1	7 : 1	6 : 1	62%	2%	35%	0%	0%							0								0	0	
C11		COLORECTAL	22	39%	0%	89%	61%	82%	100%	6 : 1	8 : 1	7 : 1	63%	1%	36%	0%	0%					1		0								0	1	
C14		UPPER GI	27	39%	0%	79%	90%	71%	95%	7 : 1	9 : 1	9 : 1	67%	2%	31%	0%	0%					1		0							0	1		
C15		UROLOGY	26	6%	0%	95%	59%	92%	84%	7 : 1	7 : 1	7 : 1	77%	1%	22%	0%	0%					1		0							0	1		
C27		CARDIOTHORACIC	26	10%	0%	79%	95%	75%	94%	6 : 1	7 : 1	7 : 1	45%	1%	54%	0%	0%							0								0	0	
CICU	CRITICAL CARE	22	74%	0%	80%	56%	85%	52%	2 : 1	2 : 1	2 : 1	0%	0%	1%	58%	40%					2		0							0	2			
C16	ENT / BREAST	30	52%	0%	79%	64%	84%	139%	9 : 1	11 : 1	9 : 1	73%	19%	7%	1%	0%	2			1	1	0								0	4			
FAMILY & WOMEN'S	H130	PAEDS	20	10%	0%	89%	52%	86%	71%	5 : 1	6 : 1	5 : 1	46%	2%	51%	0%	0%						0								0	0		
	H30 CEDAR	GYNAECOLOGY	9	39%	0%	87%	105%	106%		5 : 1	5 : 1	5 : 1	90%	4%	6%	0%	0%					1	2	0							0	3		
	H31 MAPLE	MATERNITY	22	32%	0%	101%	83%	88%	79%	5 : 1	6 : 1	6 : 1	99%	0%	1%	0%	0%	1				1		0							0	2		
	H33 ROWAN	MATERNITY	35	52%	0%	90%	95%	85%	86%	5 : 1	6 : 1	7 : 1	100%	0%	0%	0%	0%						0								0	0		
	H34 ACORN	PAEDS SURGERY	20	55%	0%	83%	90%	81%	98%	6 : 1	6 : 1	7 : 1	88%	0%	12%	0%	0%						0								0	0		
	H35	OPHTHALMOLOGY	12	13%	0%	75%	48%	100%		6 : 1	6 : 1	6 : 1	59%	9%	31%	0%	0%							0	1						1	1		
	LABOUR	MATERNITY	26	68%	3%	94%	78%	92%	62%	3 : 1	3 : 1	3 : 1	59%	23%	13%	5%	0%					1		0							0	1		
	NEONATES	CRITICAL CARE	26	23%	3%	77%	69%	74%	126%	3 : 1	3 : 1	3 : 1	0%	0%	66%	17%	18%					2		0							0	2		
	PAU	PAEDS	10	19%	0%	99%		95%		5 : 1	5 : 1	5 : 1	67%	0%	32%	1%	0%							0								0	0	
	PHDU	CRITICAL CARE	4	39%	0%	109%		105%		2 : 1	2 : 1	2 : 1	1%	0%	10%	89%	0%							0								0	0	
H10	WINTER WARD	27	6%	0%	71%	74%	75%	99%	7 : 1	10 : 1	8 : 1	68%	12%	21%	0%	0%	6				5		5	1						1	14			
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	3%	0%	96%	66%	76%	98%	6 : 1	7 : 1	6 : 1	50%	0%	49%	1%	0%					1		0							0	1		
	C29	REHABILITATION	15	23%	0%	91%	94%	98%	97%	6 : 1	8 : 1	5 : 1	30%</																					