

<b>TRUST BOARD REPORT – 2016 – 3 - 10</b>	
Meeting date:	Thursday 31 <sup>st</sup> March 2016
Title:	Nursing and Midwifery Staffing
Presented by:	Mike Wright, Executive Chief Nurse
Author:	Mike Wright, Executive Chief Nurse
Purpose:	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.
Recommendation(s):	<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> <li>• Receive this report</li> <li>• Decide if any if any further actions and/or information are required.</li> </ul>

**HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST  
TRUST BOARD MEETING 31<sup>st</sup> MARCH 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.

**2. BACKGROUND**

The last report on this topic was presented to the Trust Board in February 2016 (January 2016 position).

This report presents the ‘safer staffing’ position as at 29<sup>th</sup> February 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 updates<sup>1</sup> 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>

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**.

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<sup>1</sup> When Trust Boards meet in public

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%
Feb-16	84.05%	94.29%	85.90%	104.32%

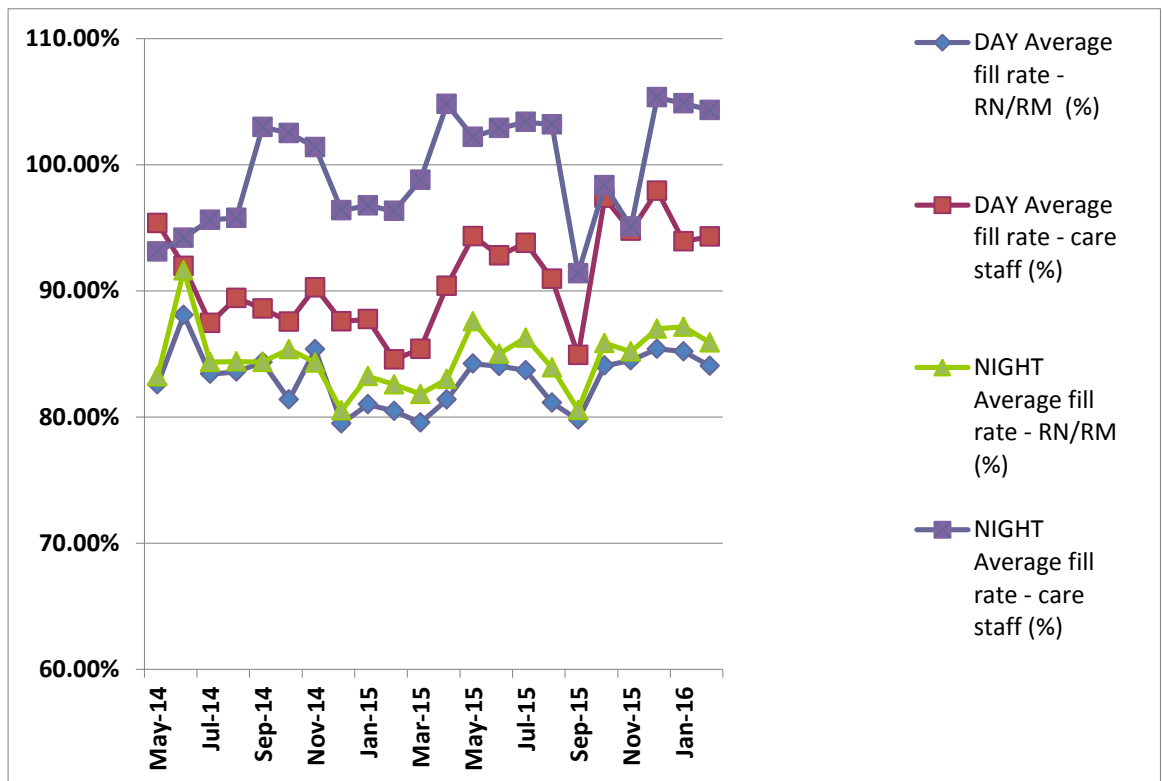
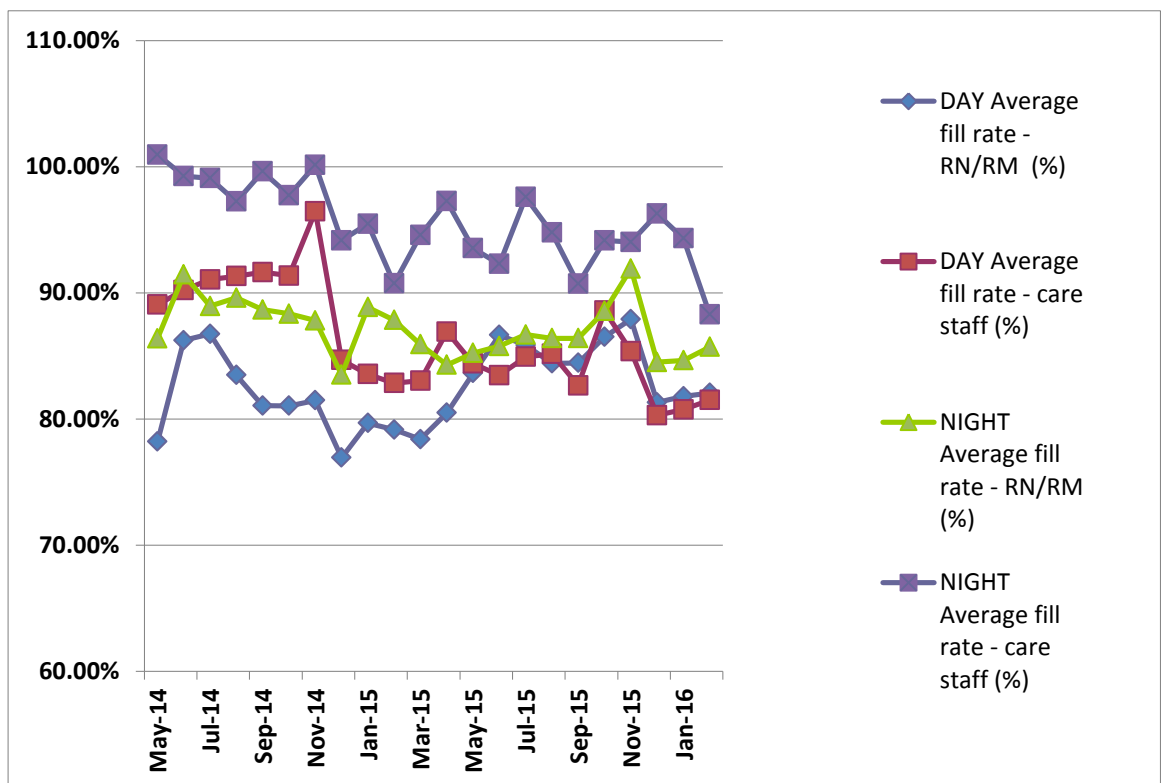


Fig 2: Castle Hill Hospital

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%
Feb-16	82.06%	81.50%	85.71%	88.28%



Fill rate numbers remain relatively stable 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. Also, the need to staff the extra winter capacity has had a dilution effect on some base wards. Currently, the plan is to close the winter capacity by the end of April so this will help stabilise other areas more as staff return to their substantive places of work.

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. Also, some patterns of poor behaviour appear to be developing on some wards where known staffing shortfalls are being passed into the safety brief to resolve when senior sisters/charge nurses should be managing these locally. The safety brief is there to help with short notice staffing shortfalls due to short term sickness only and is not there to manage routine rota gaps. Also, the distribution and allocation of staffs' annual leave is not being managed as robustly as it should be on some wards. This is now being analysed much more closely and action is being taken to manage these issues.

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

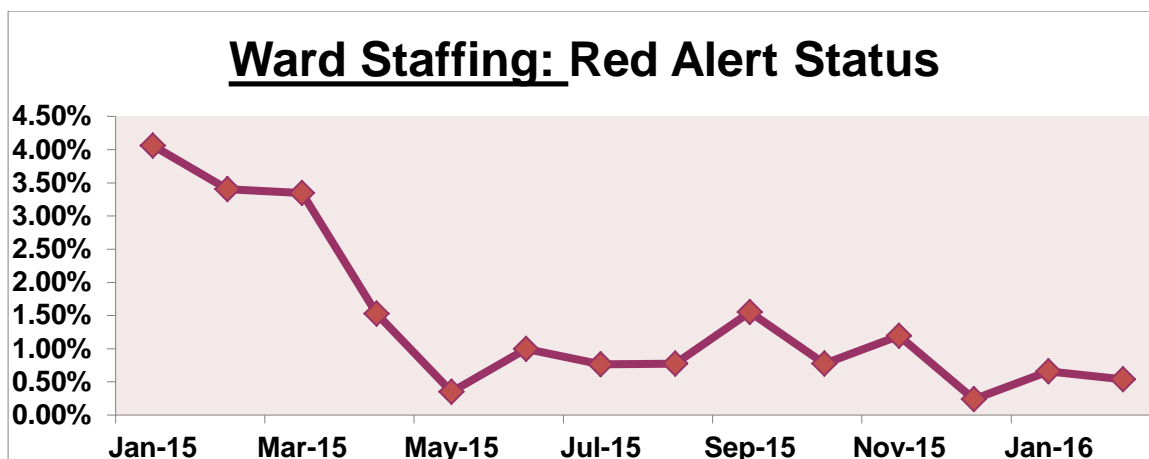
- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their view on the safety and staffing levels that day
- the physical layout of the ward
- The 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

In addition, many wards have now employed staff in new roles (from within existing budgets) to help support clinical nursing and midwifery teams. These roles include:

- Ward personal administrative assistants - to take some of the administration burden from ward sisters/charge nurses
- Discharge facilitators – to progress chase and manage the patient's discharge processes
- Ward Hygienists – to assume the lead role in equipment cleaning and roles undertaken previously by nursing and care assistant staff

The effectiveness of these roles will be evaluated, however, anecdotal evidence suggests the ward teams have received them very positively.

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:

- H10 and CDU (Winter wards). H10 has had some recent fundamental care quality concerns (pressure area care and nutrition issues), and additional senior nursing support and scrutiny is in place to support that ward team. This is a challenging ward to manage as it has very dependent patients and the ward team comprises staff from many different areas supported by bank and agency staff. The Family and Women's Health Group manage the winter ward on behalf of the Trust.
- H70, H8 – these two wards continue to 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
- 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.

Work is now underway to recruit as many of the September 2016 outtake of nurses from the University of Hull. Some interviews have taken place already to offer students posts subject to completion of their degree and acquiring their registration.

#### **4. LORD CARTER OF COLES' PRODUCTIVITY AND EFFICIENCY WORK**

Trust Board members will recall that the Trust is one of the 32 'Carter' Trusts that is looking at improved productivity and efficiency across a broad range of areas. One of these areas is nursing staffing. In October 2015, the Trust participated in a pilot to support the development of a new nursing metric: Nursing Hours Per Patient Day

(NHPPD). Workforce information for all wards was submitted for the month of October. However, there has not yet been any feedback from this in terms of its findings. Nonetheless, a request has been placed with the Department of Health's team to see what happened to that information. In the meantime, the Trust has been approached again to see if it will support a similar initiative during April 2016. This has been agreed and the Trust Board will be apprised of how this work develops.

**5. 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.

**6. 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**  
**March 2016**

**Appendix 1: HEY Safer Staffing Report – February 2016**





# HEY SAFER STAFFING REPORT FEB-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	16%	19%	99%	76%	105%	89%	5:1	5:1	5:1	38%	22%	41%	0%	0%	3	2	1	3												0	7			
	AMU	ACUTE MEDICINE	45	58%	0%	96%	98%	98%	98%	6:1	6:1	5:1	62%	14%	24%	0%	0%	1			1												0	4			
	H1	ACUTE MEDICINE	22	6%	0%	76%	94%	100%	97%	9:1	11:1	7:1	57%	13%	30%	0%	0%		2													0	2				
	EAU	ELDERLY MEDICINE	21	32%	0%	104%	92%	99%	98%	6:1	6:1	6:1	26%	0%	74%	0%	0%	4	2	1	1											0	8				
	H5	RESPIRATORY	24	19%	0%	88%	104%	100%	97%	9:1	10:1	7:1	45%	28%	27%	0%	0%	1	1		1			2								2	5				
	RHOB	RESPIRATORY	6	19%	3%	100%	74%	94%	81%	3:1	3:1	2:1	0%	1%	2%	96%	1%															0	0				
	H50	RENAL MEDICINE	19	6%	0%	77%	99%	100%	100%	6:1	8:1	6:1	49%	1%	50%	0%	0%				1											0	2				
	H500	RESPIRATORY	24	32%	0%	86%	85%	100%	87%	8:1	9:1	8:1	55%	3%	42%	0%	0%	3														0	5				
	H70	ENDOCRINOLOGY	30	13%	0%	97%	88%	102%	100%	8:1	9:1	9:1	29%	8%	64%	0%	0%				2											0	4				
	H8	ELDERLY MEDICINE	27	16%	0%	91%	103%	68%	102%	7:1	9:1	9:1	25%	0%	75%	0%	0%							1								1	3				
	H80	ELDERLY MEDICINE	27	0%	0%	80%	90%	68%	98%	8:1	9:1	9:1	21%	2%	77%	0%	0%															0	2				
	H9	ELDERLY MEDICINE	31	32%	0%	66%	93%	70%	100%	8:1	9:1	10:1	14%	2%	84%	0%	0%				2											1	4				
	H90	ELDERLY MEDICINE	29	32%	0%	69%	94%	66%	100%	8:1	9:1	10:1	26%	1%	74%	0%	0%				1											0	3				
	H11	STROKE / NEUROLOGY	28	29%	0%	68%	98%	67%	95%	7:1	8:1	9:1	35%	15%	50%	0%	0%				1											1	3				
	H110	STROKE / NEUROLOGY	24	10%	0%	83%	93%	89%	91%	6:1	6:1	6:1	26%	21%	52%	1%	0%	1			1											0	5				
CDU	CARDIOLOGY	9	39%	0%	71%	26%	100%		7:1	8:1	13:1	32%	68%	0%	0%	0%															0	0					
C26	CARDIOLOGY	26	52%	0%	75%	77%	80%	100%	6:1	6:1	7:1	45%	19%	26%	10%	0%	1	1	1												0	5					
C28	CARDIOLOGY	17	26%	0%	94%	106%	100%	100%	6:1	7:1	6:1	13%	42%	44%	0%	0%				1											0	1					
CMU	CARDIOLOGY	10	16%	0%	82%	94%	77%	42%	2:1	3:1	3:1	1%	22%	26%	51%	0%															0	0					
SURGERY	H4	NEURO SURGERY	30	6%	0%	76%	93%	80%	99%	8:1	9:1	9:1	49%	1%	50%	0%	0%				2										0	4					
	H40	NEURO HOB / TRAUMA	15	16%	0%	98%	98%	98%	99%	5:1	5:1	4:1	12%	55%	34%	0%	0%						1									0	1				
	H6	ACUTE SURGERY	28	19%	0%	90%	82%	91%	98%	7:1	9:1	8:1	63%	8%	29%	0%	0%				1										0	1					
	H60	ACUTE SURGERY	28	23%	0%	88%	85%	82%	187%	7:1	9:1	8:1	56%	8%	36%	0%	0%				1											0	2				
	H7	VASCULAR SURGERY	30	10%	0%	76%	98%	82%	98%	7:1	8:1	9:1	40%	10%	49%	0%	0%				1	1										0	5				
	H100	GASTROENTEROLOGY	24	0%	0%	83%	81%	67%	98%	7:1	8:1	8:1	55%	0%	44%	0%	0%				1											1	4				
	H12	ORTHO PAEDIC	28	13%	0%	98%	98%	98%	97%	7:1	8:1	8:1	10%	3%	86%	0%	0%	3			1											2	6				
	H120	ORTHO / MAXFAX	22	10%	0%	68%	98%	98%	98%	6:1	6:1	6:1	16%	19%	62%	3%	0%	1														0	1				
	HICU	CRITICAL CARE	22	71%	0%	83%	43%	81%	38%	2:1	2:1	2:1	0%	1%	0%	52%	47%	1			3											4	8				
	C8	ORTHO PAEDIC	18	13%	0%	48%	71%	82%	100%	8:1	8:1	6:1	52%	0%	48%	0%	0%	3														0	4				
	C9	ORTHO PAEDIC	29	19%	0%	72%	81%	100%	110%	8:1	9:1	10:1	43%	0%	57%	0%	0%	3			1											1	5				
	C10	COLORECTAL	21	13%	0%	84%	85%	84%	87%	6:1	7:1	6:1	48%	0%	52%	0%	0%	1			1											0	3				
	C11	COLORECTAL	22	26%	0%	89%	61%	82%	100%	7:1	8:1	7:1	68%	1%	32%	0%	0%															1	1				
	C14	UPPER GI	27	26%	0%	79%	90%	71%	95%	7:1	9:1	8:1	56%	2%	42%	0%	0%				1											0	4				
	C15	UROLOGY	26	13%	0%	95%	59%	92%	84%	7:1	7:1	8:1	71%	2%	27%	0%	0%				1											0	1				
C27	CARDIOTHORACIC	26	6%	0%	79%	95%	75%	94%	5:1	7:1	6:1	36%	1%	62%	0%	0%	1														0	2					
CICU	CRITICAL CARE	22	87%	0%	80%	56%	85%	52%	2:1	2:1	2:1	0%	1%	1%	67%	31%															0	0					
C16	ENT / BREAST	30	48%	0%	79%	64%	84%	139%	9:1	10:1	9:1	52%	27%	18%	3%	0%				1											0	1					
H130	PAEDS	20	6%	0%	89%	52%	86%	71%	5:1	6:1	5:1	48%	2%	50%	0%	0%															0	2					
H30 CEDAR	GYNAECOLOGY	9	42%	0%	87%	105%	106%		6:1	6:1	6:1	93%	2%	5%	0%	0%	4			2											0	6					
H31 MAPLE	MATERNITY	22	26%	0%	101%	83%	88%	79%	6:1	6:1	7:1	96%	4%	0%	0%	0%															0	0					
H33 ROWAN	MATERNITY	35	29%	0%	90%	95%	85%	86%	6:1	6:1	7:1	99%	1%	0%	0%	0%				2											0	2					
H34 ACORN	PAEDS SURGERY	20	58%	0%	83%	90%	81%	200%	6:1	6:1	7:1	84%	0%	16%	0%	0%				2											0	3					
H35	OPHTHALMOLOGY	12	16%	0%	75%	48%	100%		6:1	6:1	6:1	63%	8%	29%	0%	0%															0	0					
LABOUR	MATERNITY	26	77%	0%	94%	78%	92%	62%	3:1	3:1	3:1	66%	20%	10%	4%	1%	1														1	2					
NEONATES	CRITICAL CARE	26	52%	0%	77%	69%	74%	115%	3:1	3:1	3:1	0%	0%	58%	21%	21%	2			1											0	3					
PAU	PAEDS	10	26%	0%	99%		95%		5:1	5:1	5:1	75%	0%	25%	0%	0%															0	0					
PHDU	CRITICAL CARE	4	26%	3%	109%		105%		2:1	2:1	2:1	1%	0%	6%	93%	0%				1											0	1					
H10	WINTER WARD	27	3%	3%	71%	74%	75%	99%	8:1	10:1	8:1	64%	9%	28%	0%	0%	1			1											1	5					
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	3%	0%	96%	66%	76%	115%	6:1	7:1	6:1	61%	0%	38%	0%	0%														0	0					
	C29	REHABILITATION	15	26%	0%	91%	94%	98%	97%	6:1	8:1	5:1	40%	9%	44%	7%	0%				1										0	1					
	C30	ONCOLOGY	22	29%	0%	120%	94%	67%	100%	7:1	9:1	7:1	83%	6%	10%	1%	0%														0	0					
	C31	ONCOLOGY	27	35%	0%	89%	117%	100%	69%	8:1	9:1	9:1	50%	8%	42%	0%	0%				1											1	3				
	C32	ONCOLOGY	22	42%	0%	100%	90%	100%	100%	7:1	8:1	7:1	21%	8%	71%	0%	0%															0	0				
C33	HAEMATOLOGY	28	10%	0%	74%	120%	96%	97%	6:1	6:1	8:1	42%	23%	35%	0%	0%	1														0	1					
AVERAGE:				25.6%	0.5%	AVERAGE:				6:1	7:1	7:1	43%	10%	38%	8%	2%	TOTALS:			35	30	24	39	0	0	39	12	0	0	5	0	17	145			

Feb-16		DAY		NIGHT	
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - care staff (%)
HRI SITE	84.0%	94.3%	85.9%	104.3%	
CHH SITE	82.1%	81.5%	85.7%	88.3%	