

TRUST BOARD REPORT – 2016 – 4 - 10	
Meeting date:	Thursday 28 th April 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"> • 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 28th April 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 March 2016 (February 2016 position).

This report presents the ‘safer staffing’ position as at 31st March 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>

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**.

¹ 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%
Mar-16	82.93%	92.38%	84.37%	104.05%

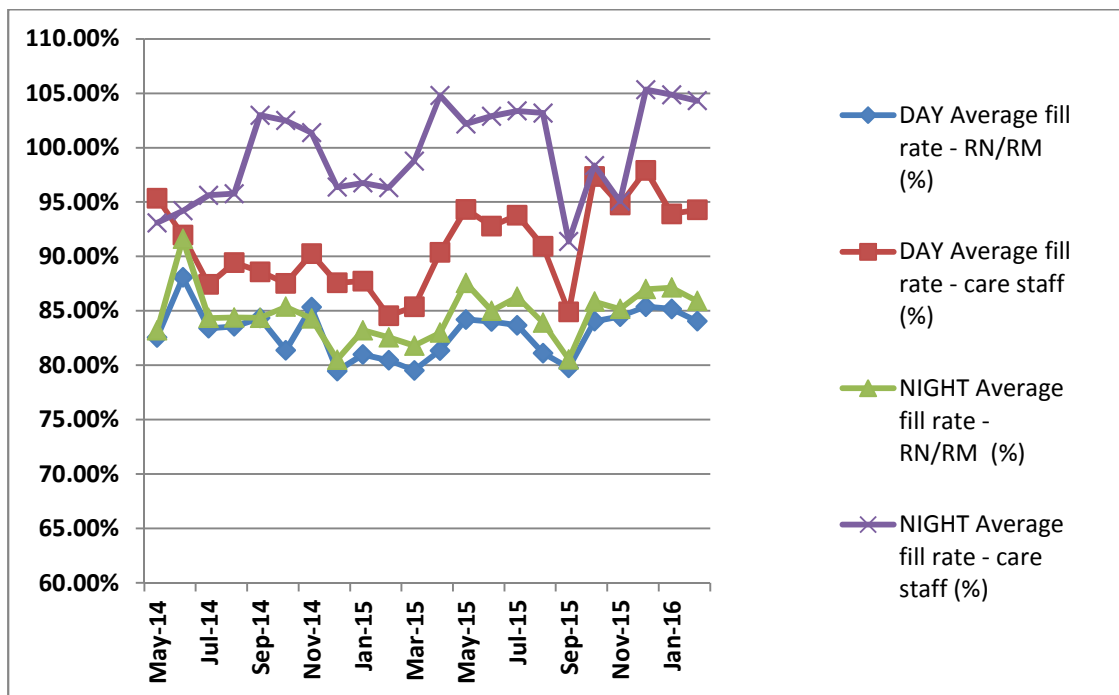
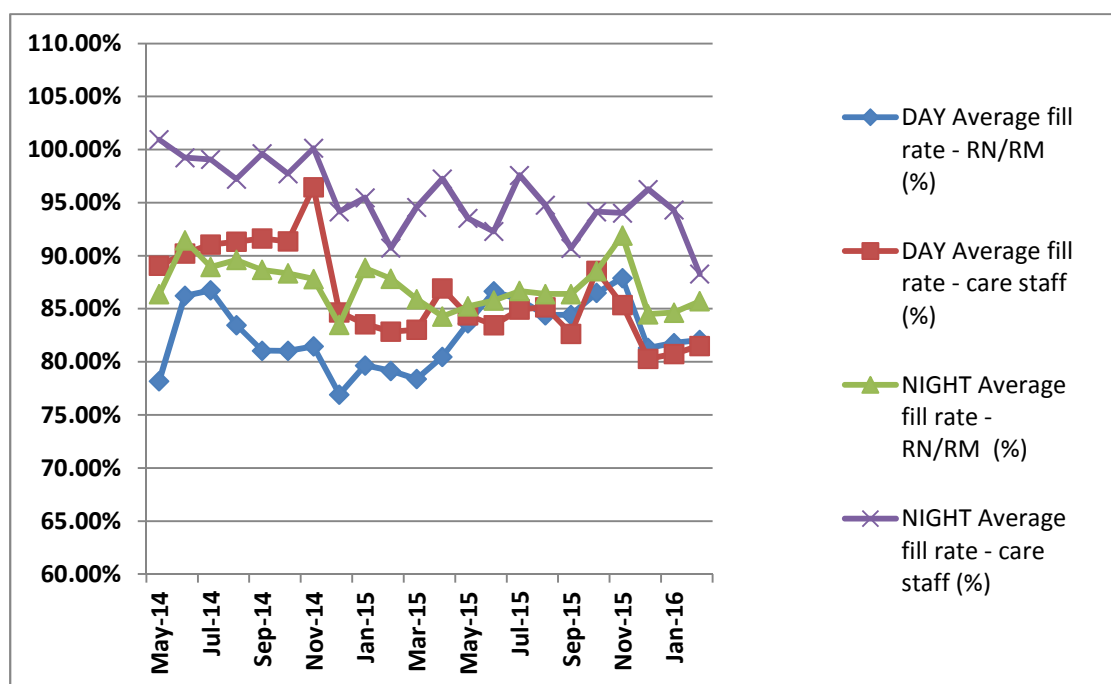


Fig 2: Castle Hill Hospital

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%
Mar-16	81.22%	81.87%	82.50%	88.74%



Fill rate numbers remain relatively stable overall, with the ongoing transfer of staff from CHH to HRI to support acute site pressures and this is reflected in the fill rates for both sites. Also, the need to staff the extra winter capacity continues to have a dilution effect on some base wards. Currently, the plan is still 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. However, this remains under review due to Norovirus and an updated position will be provided to the Trust Board at this meeting.

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. As a standard, no ward is ever left with fewer than two registered nurses/midwives. However, some pressures remain in recruiting to optimal staffing levels in some areas.

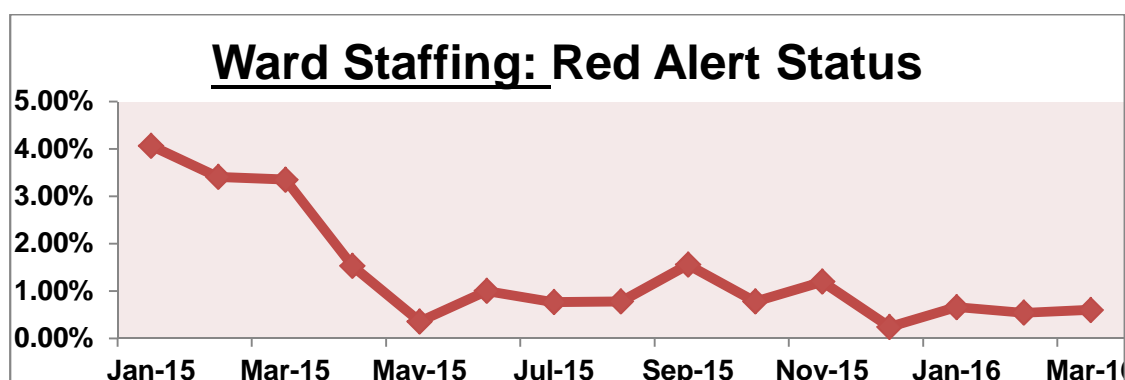
Other factors that are taken into consideration before determining if a ward is safe or not, include:

- 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 new roles to support ward nursing teams are settling in well. 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 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). These areas have improved recently but remain a concern due to the fact that they are temporary teams and wards
- H70 and H80 are steadily improving, also.
- 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 remains ward based and the teaching staff and specialist nurses are supporting the wards, also.

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.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at rating 12 (Moderate - Major and Possible - ID 2671) on the Risk Register, although every reasonable effort to try and mitigate this risk is being taken on a daily basis.

4. LORD CARTER OF COLES' PRODUCTIVITY AND EFFICIENCY WORK

The Trust has submitted nursing hours' data to the Lord Carter team during the month of April 2016 for the new Care Hours Per Patient Day metric (CHPPD) that is being developed. The results from this are awaited.

5. NURSING AND MIDWIFERY REVALIDATION

Nursing and Midwifery Revalidation went live on 1st April 2016. To date, all registered nurses and midwives have revalidated successfully. In addition a third of all registered nurses and midwives have attended a revalidation briefing. So far, this is going smoothly.

2 nurses have chosen not to revalidate (1 bank nurse and one substantive staff member); both have taken early retirement.

6. 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 and these are managed very closely. 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.

7. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to:

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

Mike Wright
Executive Chief Nurse
April 2016

Appendix 1: HEY Safer Staffing Report –March 2016

