TRUST BOARD REPORT – 2016 – 4 - 10	
Meeting date:	Thursday 26th May 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):	The Trust Board is requested to: • 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 26th May 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 April 2016 (May 2016 position).

This report presents the 'safer staffing' position as at 30th April 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 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[1] 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. The data collection method has changed from this month with the introduction of the latest version of the e-rostering software, which now enables this to be sourced automatically as opposed to manually, previously. More detail by ward and area is available in **Appendix One**.

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[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%
Apr-16	80.86%	88.23%	85.26%	103.39%
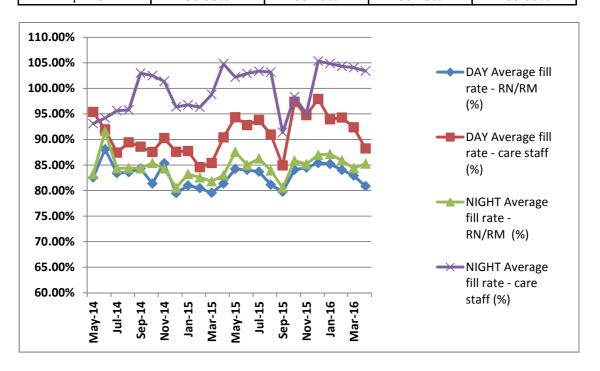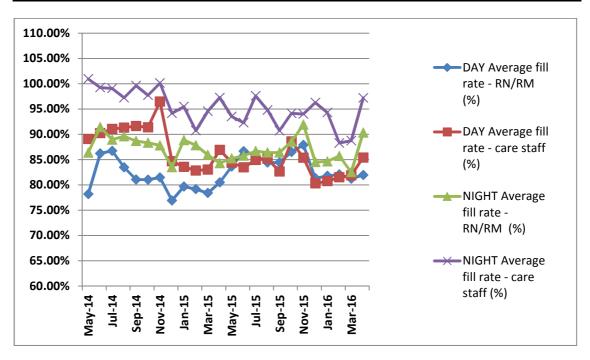
Fig 2: Castle Hill Hospital

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%
Apr-16	81.96%	85.40%	90.34%	97.19%

Fill rate numbers remain relatively stable overall, with some correction back at CHH as the winter ward has closed and staff return to their substantive posts.
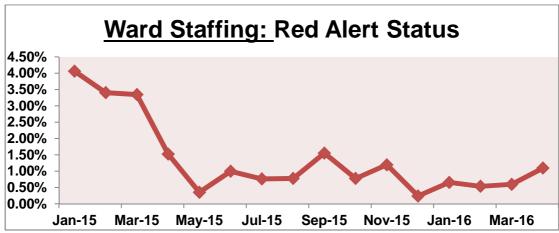
The twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director in order to ensure at least minimum safe staffing in all areas. As a standard, no ward is ever left with fewer than two registered nurses/midwives. However, some pressures remain in recruiting to optimal staffing 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

3.2 Staffing Shortfall Alerts

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 currently are:

- Clinical Decisions Unit
- Ward H70
- Intensive Care Units and Operating Theatres

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.

It is important to advise the Trust Board of ongoing challenges in recruiting to vacancies within the operating theatre departments (Nurses and Operating Department Practitioners) and, also, adult critical care units.

Area	Establishments (wte)	In post (wte)	Vacancies (wte)	Vacancies as % of establishment
Critical Care	211.7	186.08	25.62	12.10%
Theatres	490.4	445.2	45.2	9.22%

In addition, critical care has 14 wte staff on maternity leave, currently.

Within critical care, the impact of all of this is resulting is some cancelations of elective operations in which critical care provision is required [currently 6 to 8 patients per month]. In addition, there has been some increased spend in premium pay and use of agency nurses (beyond the capped rate), although this is being managed very carefully.

Within theatre, most shifts shortfalls are covered by use of variable pay (bank, overtime and agency).

A number of actions are being taken to try and address these issues, including:

o   Exit interviews with all staff
o   Charge Nurse clinical shift 1 per week [shift coordinator for all shifts]
o   Matron Clinical Shift 1 shift per week
o   Divisional Nurse manager 1 shift per week
o   Agreed agency usage of 3 WTE [above cap rate due to specialist skills required]
o   International recruitment is being considered, particularly for theatre staff
o   HR review and stress audits to see if any further support can be offered

In summary, there has been an overall improvement in staffing levels within the critical care units over the past 2 months. In addition, a number of newly registered nurses are due to start in October 2016 and there is a robust plan to support them. However, it is worth noting that the supervisory time for new registrants in critical care is up to 3 months to get them to an acceptable level of proficiency in this highly specialised area.

4.   **LORD CARTER OF COLES' PRODUCTIVITY AND EFFICIENCY WORK**
Care Hours Per Patient Day (CHPPD)
The organisation has submitted the required data collection for the month of April 2016 in advance of the implementation of the new CHPPD metric. This includes triangulation of data from the May UNFIY Safer Staffing return and a comprehensive establishment review provided by each Health Group.

There is a national feedback meeting in London to review the pilot submission on the 22nd June 2016. The Trust will be represented by Steve Evans [Deputy Chief Finance Officer] and Steve Jessop [Nurse Director for Surgery]. This meeting will also review the proposed Model Hospital Nursing Dashboard and review the changes to the revised Safer Staffing UNIFY Submissions form that will be required from July 2016 onwards.

5. **NEW ROLES**

The Trust Board is aware that new roles have been tested within wards to help reduce the administrative and other burdens of nurses, midwives and care assistant staff in order to enable them to be more clinically facing.

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 details of the areas that are using them are at **Appendix Two**. The feedback and evaluation of the new roles thus far is extremely positive, with ward sisters and charge nurses reporting that they are invaluable and would now not be without them. A more formal assessment of their impact is being planned and will be reported on in due course.

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, particularly in theatres and critical care and, also, in meeting the full ambition for three days supervisory status for each senior sister/charge nurse. Whilst recruitment is improving steadily, risks remain in terms of the available supply of registered nurses in some areas.

Nonetheless, a lot of new recruits are newly qualified or relatively junior and these need 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 in all areas.

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
May 2016

Appendix 1: HEY Safer Staffing Report – April 2016
Appendix 2: New Roles

HEY SAFER STAFFING REPORT MAR-16

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	Supervisory Charge Nurse	Nurse Staffing Red Alert Status	DAY Avg fill rate - RN/RM (%)	DAY Avg fill rate - care staff (%)	NIGHT Avg fill rate - RN/RM (%)	NIGHT Avg fill rate - care staff (%)	EARLY SHIFT [8:1]	LATE SHIFT [8:1]	NIGHT SHIFT [10:1]	0	1a	1b	2	3	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	QUALITY INDICATOR TOTAL
MEDICINE	ED	ACUTE MEDICINE	NA	0%	3%	101%	63%	99%	81%	4:1	5:1	5:1	13%	10%	77%	0%	0%	2	3	1	1			1						0	7
	AMU	ACUTE MEDICINE	45	35%	6%	58%	74%	61%	101%	6:1	6:1	6:1	67%	10%	22%	0%	0%			1	2			2						0	3
	H1	ACUTE MEDICINE	22	13%	0%	79%	113%	97%	122%	9:1	10:1	7:1	58%	14%	28%	0%	0%			1				0						0	1
	EAU	ELDERLY MEDICINE	21	42%	0%	100%	85%	67%	98%	6:1	6:1	7:1	31%	1%	68%	0%	0%	2			1			1						0	3
	H5	RESPIRATORY	24	16%	3%	82%	96%	91%	102%	9:1	10:1	7:1	45%	24%	30%	0%	0%				1			1						0	1
	RHOB	RESPIRATORY	6	13%	10%	95%	78%	85%	93%	3:1	3:1	2:1	15%	3%	1%	82%	0%							0	1					1	1
	H50	RENAL MEDICINE	19	0%	0%	85%	99%	105%	95%	6:1	9:1	6:1	47%	4%	49%	0%	0%	1			1			1				1		1	3
	H500	RESPIRATORY	24	16%	0%	75%	95%	95%	101%	8:1	9:1	8:1	60%	1%	40%	0%	0%				1			1						0	1
	H70	ENDOCRINOLOGY	30	0%	0%	73%	99%	59%	102%	9:1	10:1	9:1	29%	10%	61%	0%	0%	2		1	4			4						0	7
	H8	ELDERLY MEDICINE	27	29%	0%	86%	71%	98%	100%	7:1	9:1	9:1	22%	0%	78%	0%	0%				3			3						0	3
	H80	ELDERLY MEDICINE	27	10%	0%	84%	97%	80%	83%	8:1	9:1	9:1	36%	2%	63%	0%	0%							0	1			1		2	2
	H9	ELDERLY MEDICINE	31	6%	3%	83%	88%	80%	103%	9:1	10:1	10:1	11%	1%	88%	0%	0%				1			1						0	1
	H90	ELDERLY MEDICINE	29	23%	0%	71%	91%	79%	100%	9:1	10:1	10:1	29%	0%	71%	0%	0%				3			3						0	3
	H11	STROKE / NEUROLOGY	28	26%	0%	80%	100%	71%	100%	8:1	9:1	9:1	38%	10%	52%	1%	0%							0						0	0
	H110	STROKE / NEUROLOGY	24	29%	0%	97%	109%	107%	96%	6:1	6:1	6:1	34%	15%	50%	2%	0%	2						0	1					1	3
	CDU	CARDIOLOGY	9	23%	0%	88%	47%	100%		6:1	8:1	5:1	28%	71%	1%	0%	0%							0						0	0
	C26	CARDIOLOGY	26	45%	0%	91%	91%	98%	93%	5:1	6:1	7:1	48%	15%	26%	10%	0%			1				0						0	1
	C28	CARDIOLOGY	17	29%	0%	81%	91%	87%	73%	6:1	7:1	6:1	16%	33%	51%	0%	0%			1	1			1						0	2
	CMU	CARDIOLOGY	10	29%	0%	81%	91%	87%	73%	3:1	3:1	3:1	1%	22%	26%	51%	0%							0						0	0
SURGERY	H4	NEURO SURGERY	30	32%	0%	67%	122%	77%	119%	7:1	8:1	9:1	30%	2%	68%	0%	0%	1			2			2						0	2
	H40	NEURO HOB / TRAUMA	15	39%	0%	80%	99%	85%	96%	5:1	5:1	4:1	14%	51%	35%	0%	0%							0						0	0
	H6	ACUTE SURGERY	28	29%	0%	86%	93%	78%	203%	7:1	9:1	8:1	52%	14%	32%	2%	0%	2		1				0	1					1	4
	H60	ACUTE SURGERY	28	26%	0%	95%	98%	92%	204%	7:1	9:1	8:1	49%	13%	36%	2%	0%				1			1						0	1
	H7	VASCUALR SURGERY	30	19%	0%	79%	116%	87%	115%	8:1	8:1	9:1	51%	9%	40%	0%	0%							0	2			1		3	3
	H100	GASTROENTEROLOGY	24	23%	0%	79%	102%	83%	102%	6:1	8:1	8:1	57%	4%	39%	0%	0%							0	1			1		2	2
	H12	ORTHOPAEDIC	28	19%	6%	72%	89%	88%	100%	7:1	9:1	9:1	14%	2%	84%	0%	0%	1		1				1	2					2	5
	H120	ORTHO / MAXFAX	22	26%	0%	66%	88%	87%	126%	6:1	6:1	6:1	17%	13%	69%	1%	0%							0						0	0
	HICU	CRITICAL CARE	22	42%	6%	90%	93%	88%	76%	2:1	2:1	2:1	0%	2%	1%	46%	51%	2		1	1			1	2					2	6
	C8	ORTHOPAEDIC	18	10%	0%	48%	80%	83%	91%	6:1	9:1	7:1	58%	1%	41%	0%	0%	1			1			1						0	2
	C9	ORTHOPAEDIC	29	23%	0%	80%	91%	103%	106%	8:1	10:1	10:1	48%	1%	51%	0%	0%			1		1		1						0	2
	C10	COLORECTAL	21	23%	0%	83%	83%	75%	97%	6:1	7:1	7:1	61%	0%	39%	0%	0%							0						0	0
	C11	COLORECTAL	22	39%	0%	85%	66%	88%	95%	6:1	6:1	7:1	79%	0%	21%	0%	0%							0						0	0
	C14	UPPER GI	27	42%	0%	89%	71%	92%	172%	7:1	9:1	8:1	67%	0%	33%	0%	0%				1			1	1					1	2
	C15	UROLOGY	26	19%	0%	81%	90%	93%	99%	6:1	8:1	8:1	77%	2%	21%	0%	0%			1				0						0	1
	C27	CARDIOTHORACIC	26	16%	0%	87%	89%	84%	93%	5:1	6:1	6:1	43%	1%	55%	0%	0%		2					0						0	2
	CICU	CRITICAL CARE	22	48%	0%	91%	101%	93%	95%	2:1	2:1	1:1	0%	0%	4%	48%	48%							0						0	0
FAMILY & WOMEN'S	C16	ENT / BREAST	30	48%	6%	91%	77%	86%	71%	10:1	11:1	9:1	45%	37%	16%	3%	0%		2					0						0	2
	H130	PAEDS	20	6%	3%	86%	43%	86%	79%	6:1	6:1	5:1	54%	1%	44%	0%	0%							0						0	0
	H30 CEDAR	GYNAEOCOLOGY	9	10%	0%	66%	82%	109%		6:1	6:1	7:1	89%	10%	1%	0%	0%							0						0	0
	H31 MAPLE	MATERNITY	22	19%	0%	83%	83%	78%	92%	5:1	6:1	6:1	99%	0%	0%	0%	0%							0						0	0
	H33 ROWAN	MATERNITY	35	35%	0%	88%	89%	90%	93%	5:1	6:1	7:1	100%	0%	0%	0%	0%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	55%	0%	78%	81%	92%	164%	6:1	6:1	7:1	87%	2%	11%	0%	0%			1				0						0	1
	H35	OPHTHALMOLOGY	12	6%	0%	101%	46%	107%		6:1	6:1	6:1	62%	9%	29%	0%	0%							0						0	0
	LABOUR	MATERNITY	26	32%	3%	118%	68%	108%	80%	3:1	3:1	3:1	73%	16%	7%	4%	0%							0	1					1	1
	NEONATES	CRITICAL CARE	26	52%	0%	77%	71%	81%	91%	3:1	3:1	3:1	4%	1%	42%	30%	23%			2				0						0	2
	PAU	PAEDS	10	0%	0%	85%		94%		5:1	5:1	5:1	57%	0%	38%	0%	0%							0						0	0
	PHDU	CRITICAL CARE	4	35%	0%	65%	55%	102%		2:1	2:1	2:1	5%	0%	23%	71%	0%							0						0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0%	3%	94%	74%	79%	106%	6:1	6:1	6:1	70%	0%	30%	0%	0%				1			1	2					2	3
	C29	REHABILITATION	15	32%	0%	80%	98%	100%	93%	7:1	8:1	5:1	28%	19%	48%	5%	0%				1	1		2						0	2
	C30	ONCOLOGY	22	39%	3%	88%	100%	92%	100%	7:1	8:1	7:1	77%	5%	17%	1%	0%				1			1						0	1
	C31	ONCOLOGY	27	32%	0%	79%	99%	98%	115%	8:1	9:1	9:1	45%	3%	52%	0%	0%	1	1		1			1	3					3	6
	C32	ONCOLOGY	22	42%	0%	99%	100%	99%	97%	7:1	9:1	7:1	10%	1%	89%	0%	0%							0						0	0
	C33	HAEMATOLOGY	28	19%	0%	57%	78%	82%	73%	5:1	6:1	7:1	44%	20%	36%	1%	0%				4			4						0	4
		AVERAGE:		25.0%	1.1%			AVERAGE:		6:1	7:1	7:1	43%	9%	38%	7%	2%														
		TOTALS:																16	8	15	34	2	0	36	18	0	0	4	0	22	97

Apr-16	DAY Avg fill rate - RN/RM (%)	DAY Avg fill rate - care staff (%)	NIGHT Avg fill rate - RN/RM (%)	NIGHT Avg fill rate - care staff (%)
SAFER STAFFING OVERALL PERFORMANCE				
HRI SITE	80.9%	88.2%	85.3%	103.4%
CHH SITE	82.0%	85.4%	90.3%	97.2%

Steve Jessop
Chief Nurse Information Officer