

TRUST BOARD REPORT – 2016 – 4 - 10	
Meeting date:	Thursday 27 th October 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 27th OCTOBER 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)^{1,2} and The Care Quality Commission.

2. BACKGROUND

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

In July 2016, the National Quality Board updated its guidance for Provider Trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.

The new guidance sets out specifications for the future format of these reports, which form part of Lord Carter’s work in relation to developing a ‘Model Hospital’ Dashboard. However, there has been no further progression since last reported in the September Board report 2016. This format will be adopted as soon as it is released and available. However, the piece of work commissioned by the Chief Nurse to look at the Trusts current nursing metrics and how these metrics can be deployed and monitored at ward level continues and will be reported back to the Trust Board November in 2016.

This report presents the ‘safer staffing’ position as at 30TH September 2016 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff³. In addition, nursing and midwifery staffing establishments have been revised during September 2016 and the summary results of these are presented, also.

The Trust Board is requested to:

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

¹ National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*

² National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing

³ When Trust Boards meet in public

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL RATES

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** (data source: Allocate e-roster software & HEY Safety Brief) and **Appendix Two** (New Roles).

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%
May-16	80.58%	91.24%	86.70%	105.93%
Jun-16	80.25%	89.41%	85.20%	102.22%
Jul-16	82.28%	90.96%	86.30%	103.33%
Aug-16	80.56%	89.30%	87.74%	99.85%
Sep-16	86.38%	93.40%	93.28%	101.70%

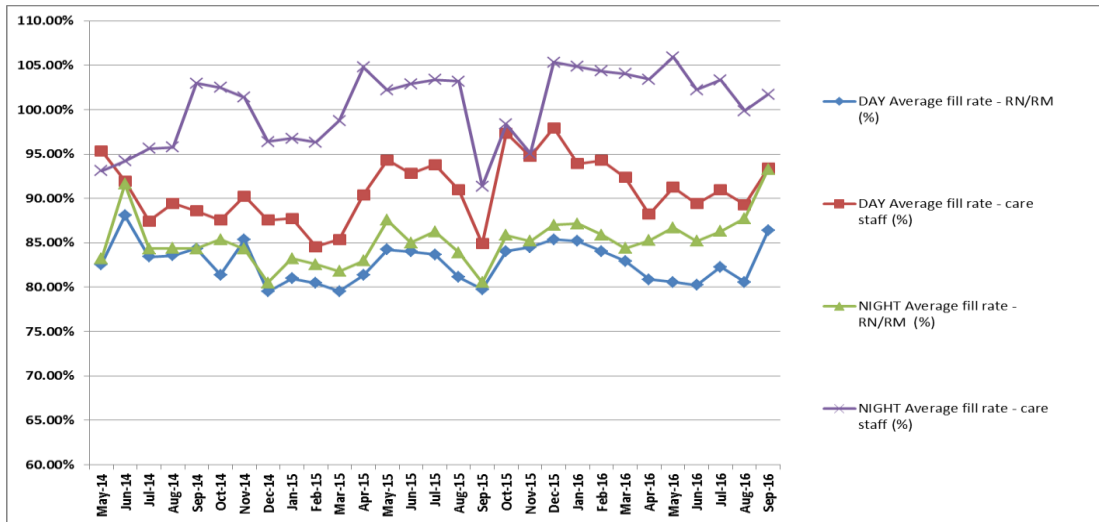
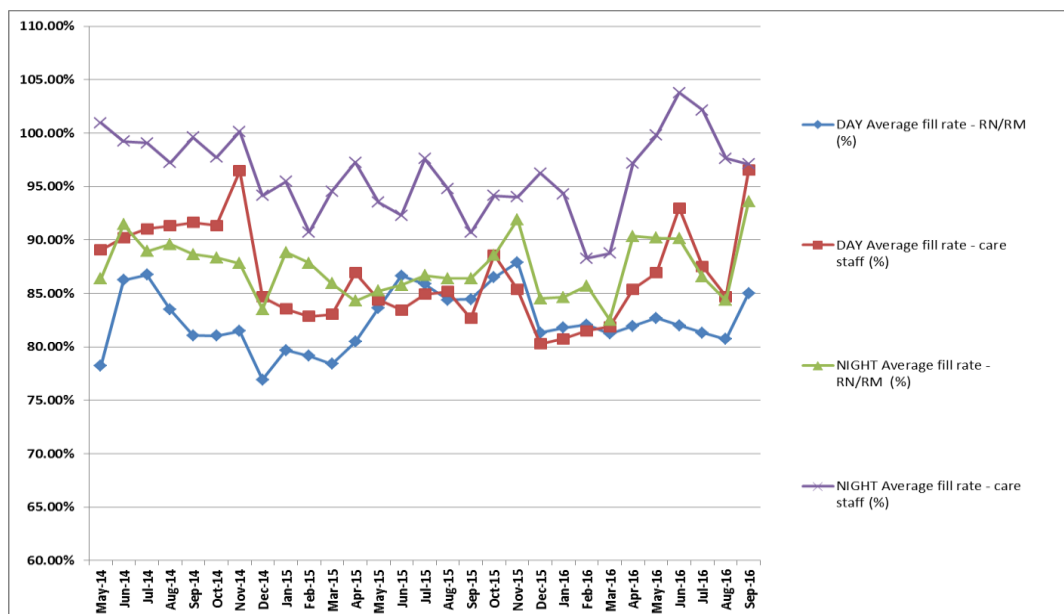


Fig 2: Castle Hill Hospital

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%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%
Sep-16	85.02%	96.52%	93.61%	97.09%



The Trust has seen a significant increase in both the registered nurse and care staff (unregistered) fills rates over September 2016 compared to previous months. This is predominately due to the recent review and validation of the current nursing rotas and improved availability of Bank and Agency staff to support vacancies.

The twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. However, some pressures remain in recruiting to optimal staffing levels in some areas.

The Trust appointed 102 of the August/September student intake from the University of Hull. The student nurses have just completed a comprehensive induction programme and are due to consolidate this on the 2nd of November 2016 in the presence of the Chief Nurse. They will be given the opportunity to reflect on the success of the induction programme and define their future development needs in accordance with the Trust's `People Strategy` 2017.

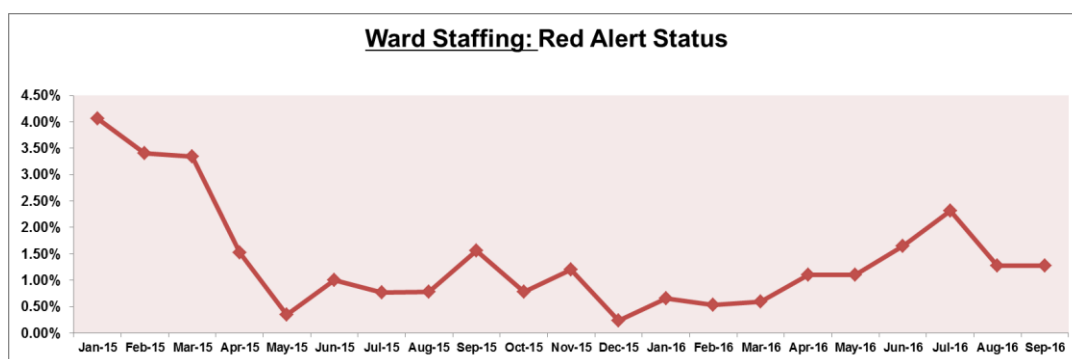
In terms of further recruitment, the Chief Nurse and Senior Nursing team continue to work with Human Resources to attract and recruit to the remaining nurse vacancies. The Executive Management Committee has approved a proposal to undertake an overseas recruitment drive to recruit registered nurses from the Philippines. Work is currently being undertaken to finalise the required number, considering current vacancies, maternity leave and staff turnover, over the next year. Whilst the exercise will seek medical and surgical nurses, the team will also be looking to recruit theatre and intensive care nurses.

The Trust has spoken to several large recruitment agencies, to assist in delivering this plan and a final decision on our preferred partner will be made this month. Instead of trying to bring in a large number of nurses all at once, the Trust is looking to bring manageable numbers in on a bi-monthly basis. This way, the Trust can manage the induction more effectively and ensure new staff receive the support they need. A final decision with regards to the progression of the proposed initiative will be made in context of the Trusts overall financial position.

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 overall with no increase seen in the September data, compared to that of August 2016. These are reviewed by nurse directors at the safety briefs and addressed accordingly.

The key areas that remain particularly tight currently are:

- The Clinical Decision Unit (CDU), which is adjacent to the Acute Medical Unit at HRI. Support continues to be provided by all Health Groups, bank and agency staff. Staffing levels in this area should improve sustainably as the new recruits obtain their NMC registration.
- H1, H70, H9 and H500 (Acute Medicine, Diabetes and Endocrine, Medical Elderly and Respiratory). These wards have a number of RN vacancies which, again, have been offered to new graduates, who will obtain their NMC registration November 2016. In the meantime staff from other wards continue to provide support.
- The Neonatal Unit and Paediatric High Dependency Unit (PHDU) have a number of vacancies and high levels of maternity leave. Staffing risks are managed on a daily basis and some agency staffing is being utilised in these areas.
- C8 and C9 (Elective orthopaedics) have reduced capacity to support acute surgery over at HRI, this has resulted in a bed reduction as reflected in the Nurse to Patient Ratio and an improved registered nurse fill rate throughout September 2016.
- C29, C31, C33 – Oncology. There are still some staffing gaps in these wards but, again, these are balanced across all wards daily. The Oncology Matron

remains ward based and the teaching staff and specialist nurses are supporting the wards, also.

However, despite on-going recruitment campaigns and the successful recruitment of 102 newly qualified nurses, registered nurse recruitment is still very challenging for the Trust and some risks with securing the required numbers of registered nurses remain.

Unfortunately, the Trust was not successful in its bid to become a pilot site for the Associate Nurse Role, recently introduced by Health Education England (HEE). However, given the significant interest in the role, HEE has decided that there will be a second wave of funding for a further 1,000 nursing associate trainees through `fast followers` test sites starting in Spring 2017. The Trust is working currently in conjunction with representatives from HEE, local educational and community partners to strengthen the initial bid in order to become one of the `Fast followers` test sites.

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. EXPECTATION 1 – RIGHT STAFF

Expectation 1 of the NQB's revised standards requires:

- 1.1. Evidence-based workforce planning
- 1.2. Professional judgement
- 1.3. Comparison with peers

As reported to the board previously, the Trust's nursing and midwifery establishments for in-patient areas have been revised. This process is comprehensive in that validated tools are used to guide these assessments (where they are available). Professional judgement is applied to refine the initial assessment in order to conclude what is required for each area. Work continues now to include all theatre and outpatient areas.

The Trust has invested into some rota efficiency reporting software called Allocate-Insight. This provides the Trust with a Monthly Reporting Dashboard of Key Metrics from the nurse staffing dataset. The report provides details comparisons with sized Trust's the Shelford Group of Hospital and Acute Trusts. This will be added to the appendices of this report from November 2016.

5. SUMMARY

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

Nursing and Midwifery staffing establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. However, the challenges remain around recruitment and risks remain in terms of the available supply of registered nurses, although this position has improved and will continue to do so as the newly qualified recruits obtain their NMC registration throughout November 2016. The Chief Nurse and Senior Nursing Team continue to develop innovative solutions to address the supply and demand issues faced by the Trust. Recruitment efforts continue, including reviewing the proposal to undertake a recruitment campaign in the Philippines.

6. 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
October 2016

Appendix 1: HEY Safer Staffing Report - August 2016

Appendix 2: New Roles – March 2016

HEY SAFER STAFFING REPORT SEPTEMBER-16

NURSE STAFFING				MONTHLY AVERAGE Nurse Staffing Red Alert Status	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.]		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	3%	89%	55%	90%	76%										3	2	3											0	3	
	AMU	ACUTE MEDICINE	45	10%	91%	78%	98%	92%	6:1	7:1	6:1	47%	16%	37%	0%	0%			2	1											0	6	
	H1	ACUTE MEDICINE	22	3%	67%	96%	95%	106%	9:1	11:1	8:1	69%	0%	30%	0%	0%			1	1											0	3	
	EAU	ELDERLY MEDICINE	21	3%	84%	111%	66%	123%	6:1	8:1	7:1	38%	22%	40%	0%	0%			2													0	6
	H5	RESPIRATORY	20	0%	71%	82%	90%	91%	10:1	10:1	8:1	0%	2%	7%	90%	0%			2												3	5	
	RHOB	RESPIRATORY	6	0%	71%	82%	90%	91%	3:1	4:1	3:1	48%	0%	52%	0%	0%			1													0	1
	H50	RENAL MEDICINE	19	0%	72%	104%	98%	100%	6:1	9:1	6:1	47%	6%	48%	0%	0%																0	0
	H500	RESPIRATORY	24	3%	69%	89%	100%	107%	10:1	11:1	8:1	16%	18%	66%	0%	0%																0	0
	H70	ENDOCRINOLOGY	30	3%	88%	112%	66%	101%	8:1	10:1	10:1	9%	1%	90%	0%	0%			1	2											1	6	
	H8	ELDERLY MEDICINE	27	3%	79%	93%	99%	98%	8:1	9:1	9:1	13%	3%	84%	0%	0%				1	2										1	5	
	H80	ELDERLY MEDICINE	27	0%	81%	106%	98%	98%	8:1	10:1	9:1	14%	1%	84%	0%	0%				3												1	4
	H9	ELDERLY MEDICINE	31	6%	69%	91%	100%	95%	9:1	12:1	10:1	23%	0%	76%	0%	0%				1	2											0	3
	H90	ELDERLY MEDICINE	29	0%	99%	80%	98%	103%	8:1	10:1	10:1	34%	19%	47%	0%	0%				2	1											0	3
	H11	STROKE / NEUROLOGY	28	0%	88%	118%	99%	100%	8:1	9:1	10:1	22%	20%	52%	6%	0%					5											2	7
	H110	STROKE / NEUROLOGY	24	3%	80%	132%	98%	106%	7:1	7:1	6:1	21%	79%	0%	0%	0%					1											1	2
	CDU	CARDIOLOGY	9	0%	91%	51%	100%		4:1	4:1	8:1	27%	43%	26%	4%	0%				1												0	1
	C26	CARDIOLOGY	26	0%	92%	84%	97%	100%	6:1	6:1	7:1	12%	21%	64%	3%	0%					1											0	1
	C28	CARDIOLOGY	17	0%	79%	126%	84%	57%	6:1	7:1	6:1	0%	18%	22%	60%	0%					1											0	1
CMU	CARDIOLOGY	10	0%	79%	126%	84%	57%	3:1	3:1	3:1	32%	3%	62%	2%	1%																0	0	
SURGERY	H4	NEURO SURGERY	30	0%	87%	109%	87%	94%	8:1	8:1	9:1	0%	46%	50%	5%	0%				2	1										1	4	
	H40	NEURO HOB / TRAUMA	15	0%	96%	94%	98%	90%	5:1	5:1	4:1	35%	25%	40%	0%	0%																0	0
	H6	ACUTE SURGERY	28	0%	88%	93%	91%	195%	8:1	9:1	8:1	38%	23%	39%	0%	0%				1	2											0	3
	H60	ACUTE SURGERY	28	0%	93%	86%	88%	200%	7:1	9:1	8:1	33%	13%	54%	0%	0%					2											0	2
	H7	VASCULAR SURGERY	30	3%	80%	78%	90%	100%	7:1	8:1	9:1	56%	1%	42%	0%	0%					3											0	5
	H100	GASTROENTEROLOGY	24	0%	81%	101%	85%	95%	7:1	8:1	8:1	12%	3%	85%	0%	0%					1	1										1	4
	H12	ORTHOPAEDIC	28	3%	75%	90%	89%	111%	7:1	9:1	8:1	21%	9%	71%	0%	0%															1	3	
	H120	ORTHO / MAXFAX	22	0%	87%	99%	91%	103%	6:1	7:1	6:1	0%	1%	0%	59%	40%																1	3
	HICU	CRITICAL CARE	22	6%	90%	173%	92%	93%	2:1	2:1	2:1	61%	0%	39%	0%	0%					1											1	3
	C8	ORTHOPAEDIC	18	0%	98%	98%	102%	100%	8:1	8:1	8:1	50%	1%	49%	0%	0%																0	0
	C9	ORTHOPAEDIC	29	0%	92%	85%	103%	97%	8:1	9:1	10:1	44%	1%	54%	1%	0%					1	2										0	3
	C10	COLORECTAL	21	0%	80%	76%	78%	96%	6:1	8:1	7:1	52%	3%	45%	0%	0%															1	1	
	C11	COLORECTAL	22	0%	87%	83%	82%	99%	6:1	8:1	6:1	54%	1%	45%	0%	0%																1	2
	C14	UPPER GI	27	0%	81%	81%	90%	169%	7:1	8:1	7:1	68%	2%	30%	0%	0%																0	0
	C15	UROLOGY	26	0%	82%	65%	93%	87%	6:1	7:1	7:1	38%	0%	62%	0%	0%					1	2										0	3
	C27	CARDIOTHORACIC	26	0%	92%	95%	100%	93%	6:1	7:1	7:1	0%	0%	1%	55%	44%						1	1									1	3
	CICU	CRITICAL CARE	22	10%	88%	197%	97%	89%	2:1	2:1	2:1	37%	25%	33%	5%	0%					1											1	2
	C16	ENT / BREAST	30	0%	91%	73%	94%	66%	8:1	10:1	8:1	43%	40%	17%	0%	0%																0	0
FAMILY & WOMEN'S	H130	PAEDS	20	0%	97%	53%	100%	96%	5:1	5:1	4:1	90%	0%	10%	0%	0%					1											0	1
	H30 CEDAR	GYNAECOLOGY	9	0%	105%	68%	111%	-	6:1	6:1	6:1	88%	11%	1%	0%	0%																0	0
	H31 MAPLE	MATERNITY	20	0%	79%	97%	79%	94%	5:1	6:1	7:1	100%	0%	0%	0%	0%																0	0
	H33 ROWAN	MATERNITY	38	0%	84%	90%	87%	91%	8:1	9:1	10:1	92%	7%	1%	0%	0%					5											0	8
	H34 ACORN	PAEDS SURGERY	20	0%	78%	73%	93%	138%	6:1	6:1	7:1	59%	12%	29%	0%	0%					1											0	1
	H35	OPHTHALMOLOGY	12	0%	82%	74%	108%		6:1	6:1	6:1	68%	16%	12%	4%	0%																0	0
	LABOUR	MATERNITY	16	3%	107%	67%	109%	59%	3:1	3:1	3:1	2%	38%	17%	29%	14%																0	0
	NEONATES	CRITICAL CARE	26	0%	91%	86%	87%	101%	3:1	3:1	3:1	53%	33%	14%	0%	0%					2											0	2
	PAU	PAEDS	10	0%	92%		96%		5:1	5:1	5:1	2%	15%	3%	80%	0%																0	0
	PHDU	CRITICAL CARE	4	0%	63%	105%	103%		2:1	2:1	2:1	54%	0%	46%	0%	0%																0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0%	97%	89%	93%	100%	9:1	10:1	6:1	36%	1%	63%	0%	0%					1	1									0	2	
	C29	REHABILITATION	15	0%	79%	92%	98%	100%	6:1	8:1	5:1	43%	12%	44%	0%	0%					1											0	1
	C30	ONCOLOGY	22	0%	90%	100%	98%	97%	7:1	8:1	7:1	32%	5%	63%	0%	0%																0	1
	C31	ONCOLOGY	27	3%	70%	112%	97%	100%	9:1	10:1	9:1	29%	5%	67%	0%	0%					1											0	2
	C32	ONCOLOGY	22	0%	89%																												