

TRUST BOARD REPORT – 2016 – 11 - 10	
Meeting date:	Thursday 24 th November 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 24thNOVEMBER 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 October 2016 (September 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 October 2016 Trust Board report. This format will be adopted as soon as it is released and available.

This report presents the ‘safer staffing’ position as at 31st October 2016 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff³.

The Trust Board is requested to:

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

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:

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

3.1 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). The New Roles are settling in well and are helping to support both registered nurses and care staff in reducing their administrative burden, thus allowing the nursing team to be more clinically facing.

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%
Oct-16	88.51%	100.79%	90.58%	106.38%

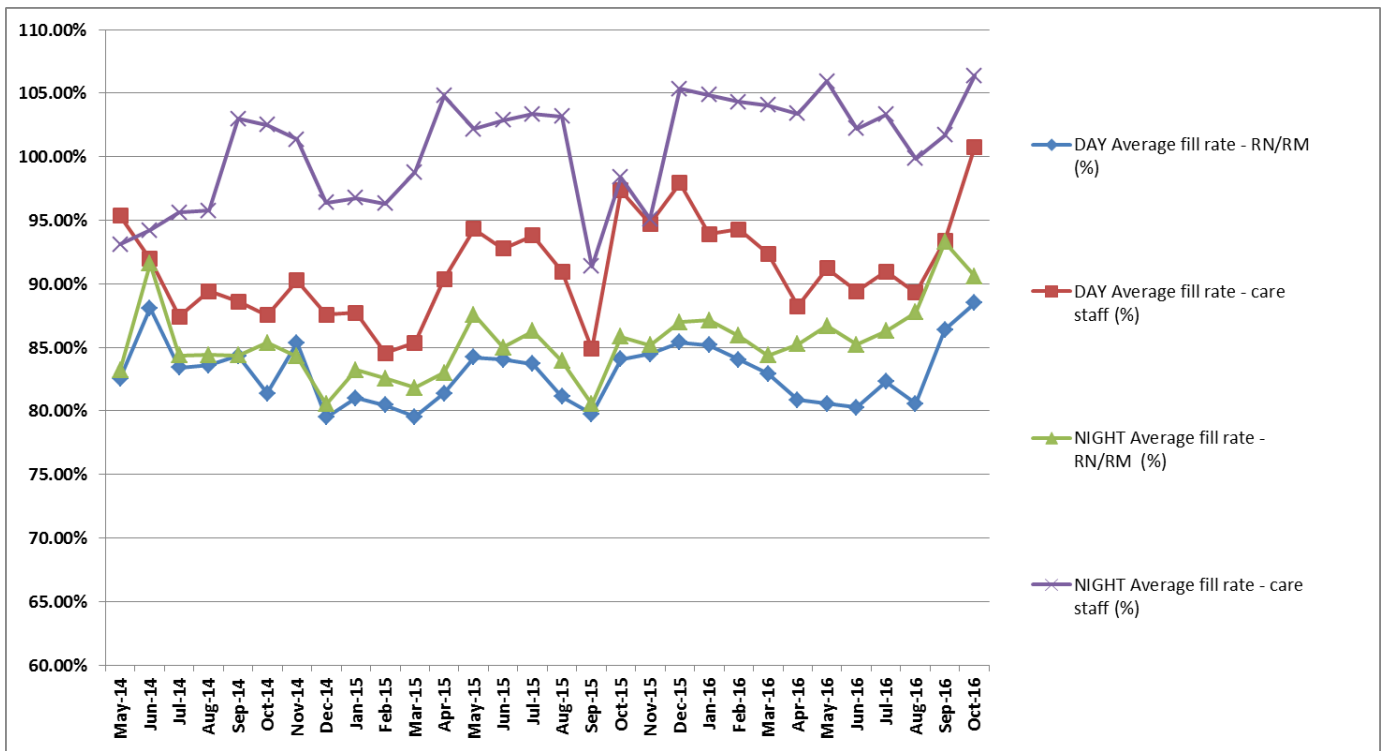
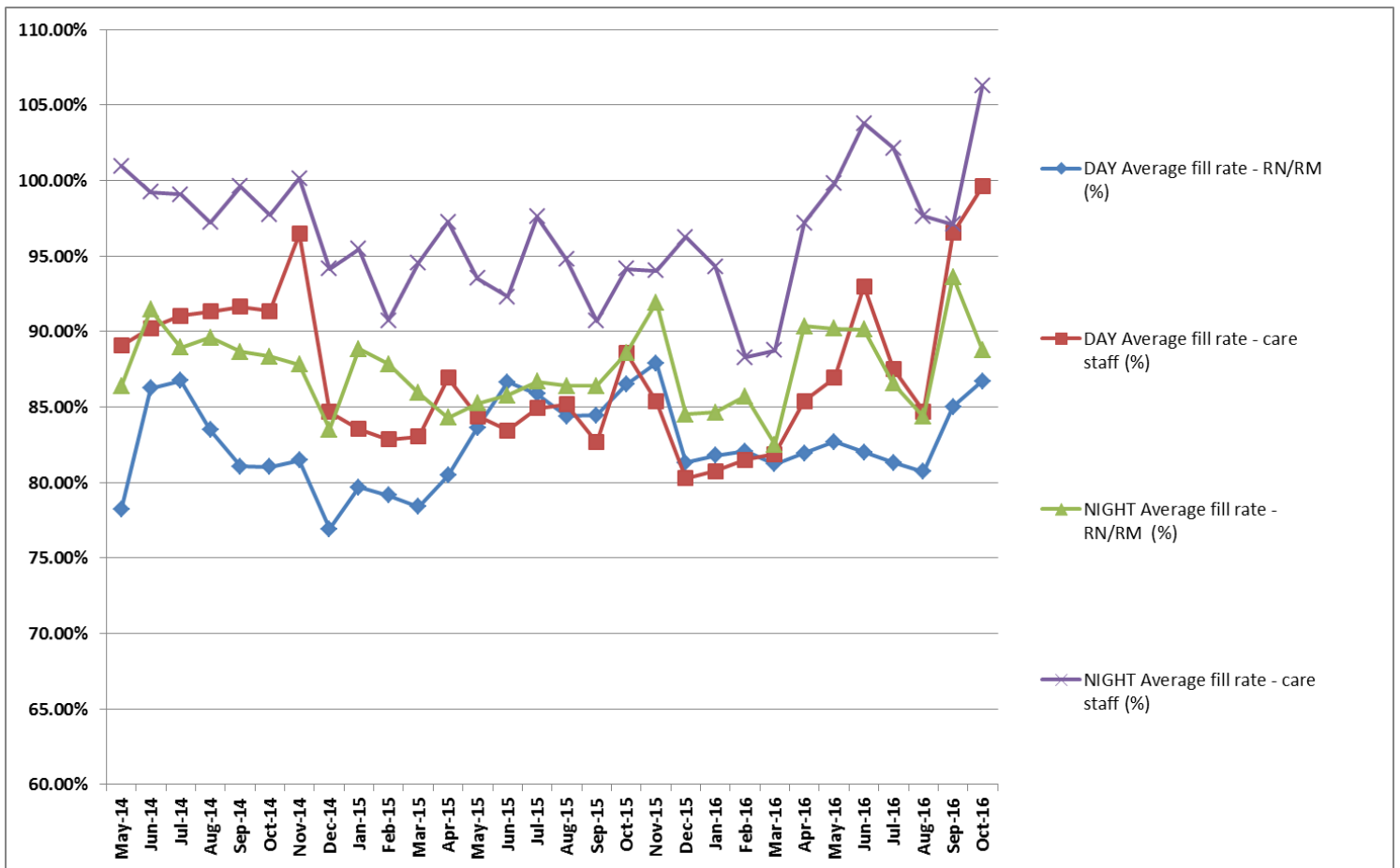


Fig 2: Castle Hill Hospital

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%
Oct-16	86.70%	99.59%	88.79%	106.24%



The Trust has seen an increase in both registered and unregistered fill rates over October 2016 compared to the previous month. This is predominantly related to the number of newly qualified nurses who were employed recently by the Trust. Some of these are care staff (unregistered) until they receive their NMC Registration. As such, they feature currently in the unregistered numbers. As they gain their NMC PIN numbers they will transfer into the registered staff numbers.

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.

Following the successful recruitment of 102 student nurses from the University of Hull plus more from other universities, the Human Resource (HR) and Organisational Development (OD) Team will continue the 'Remarkable People Extraordinary Place' recruitment campaign in 2017 to recruit more experienced and skilled staff, particularly OPD's (Theatre Practitioners in February) and newly qualified nurses in August / September.

HR with the Nursing management team is also finalising the proposal to undertake an overseas recruitment drive to recruit registered nurses from the Philippines. The Trust is developing the plan with an experienced local partner based in Hull. The proposed initiative will be made in context of the Trusts overall financial position.

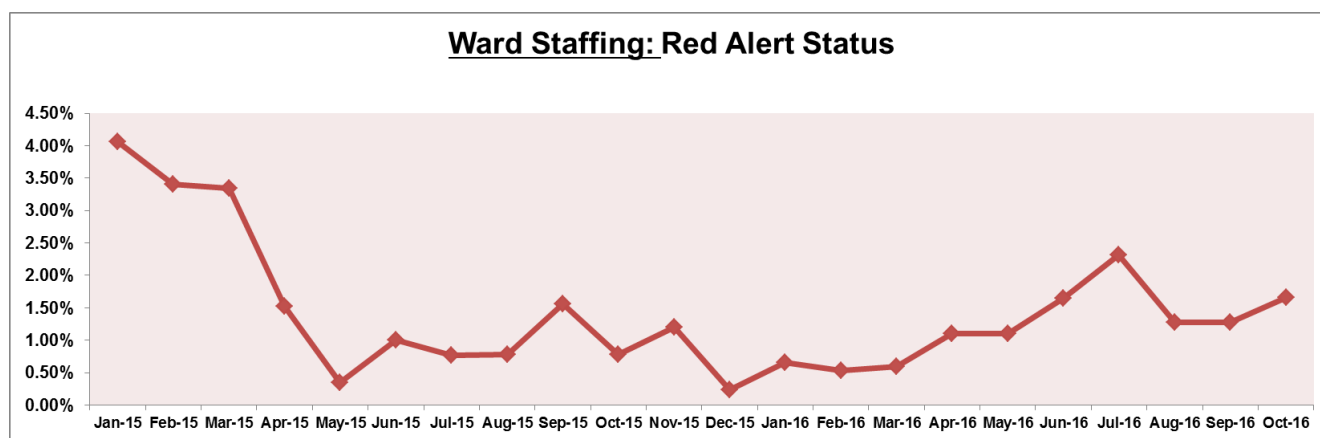
The plan in summary is to bring in manageable numbers of staff commencing May, 2017, on a bi-monthly basis. This way the agency can prepare and attract the candidates, whilst the Trust can provide a more tailored and effective induction to

Hull and the team they will join and provide our new colleagues with the support they will need.

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 a slight increase seen in the October data, compared to that of September 2016. These are reviewed by the nurse directors at the safety briefs and addressed accordingly.

Throughout October the following key areas that remain particularly tight 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.
- 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.
- C8 (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, staff have also be redeployed from ward C20 to provide additional support.

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, as presented in the previous Board Report, 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 continues to work 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, a further update will be provided in the December 2016 Board Report.

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 then applied to refine the initial assessment in order to conclude what is required for each area. To date these reports have focused on in-patient areas, in line with NQB requirements. Work continues now to include all theatre and outpatient areas. Progress in relation to each of these areas will be reported in the December 2016 Board Report.

The Trust has invested recently in a 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 detailed comparisons with similar sized Trust's within the Shelford Group of Hospital's and Acute Trusts that use the same software.

The Chief Nurse has requested that this information is reviewed formally by the Deputy Chief Nurse and Nurse Director for Surgery on a monthly basis with each of the Senior Matrons. Performance trajectories will be set and progress monitored on a monthly basis for each individual clinical area. The outputs of this work will be reported to the Trust Board in due course.

The Trust has successfully completed the implementation of `SafeCare`, which is another function of the new e-rostering software. SafeCare provides staffing level

and skill mix information across all wards alongside the dependency ratings for all patients.

The current safety brief template will be replaced by the SafeCare “Wheel” as illustrated in appendix 3. SafeCare provides information in a `live` state, supporting the following functions:

- Calculation of the required staffing from patients acuity and dependency, three times a day.
- Site-wide overview of required versus actual staffing, highlighting hotspots as well as clinical areas that may be able to support.
- View staffing status across many dimensions including hours short/excess, missing skills.
- Track attendance and sickness of rostered staff
- Redeploy staff safely with full visibility of skills and the impact of moving staff on both areas
- Request bank or agency cover if needed
- Track red flags to identify potential staffing issues.

The current safety brief template will be replaced by SafeCare from the beginning of December 2016. In order to incorporate all aspects of the current safety brief a request has been made by the Chief Nurse to expand the current census.

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 further actions and/or information are required.

Mike Wright
Executive Chief Nurse
November 2016

Appendix 1: HEY Safer Staffing Report - October 2016

Appendix 2: New Roles – March 2016

Appendix 3: SafeCare Wheel

