HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	26 January 2017	**Reference Number**	2017 – 1 – 10
Director	Mike Wright – Chief Nurse	**Author**	Mike Wright – Chief Nurse
Reason for the 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		
Type of report	Concept paper		Strategic options		Business case	
	Performance		Information	✓	Review	

1	**RECOMMENDATIONS** The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required

2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	
	Information		Assurance	✓	Delegation	

3	**STRATEGIC GOALS:**	
	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great local services	
	Great specialist services	
	Partnership and integrated services	
	Financial sustainability	

4	**LINKED TO:**			
	CQC Regulation(s): E4 – Staff, teams and services to deliver effective care and treatment			
	Assurance Framework Ref: Q1, Q3	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N

5	**BOARD/BOARD COMMITTEE REVIEW** The report is a standing agenda item at each Board meeting.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

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 November 2016 (October 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 staff[3]. In addition, nursing and midwifery staffing establishments have been revised during September 2016 and the summary results of these are presented, also.

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:

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[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).

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 (%)**
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%
Nov-16	91.30%	97.10%	95.70%	107.30%
Dec-16	91.23%	100.10%	97.00%	100.76%
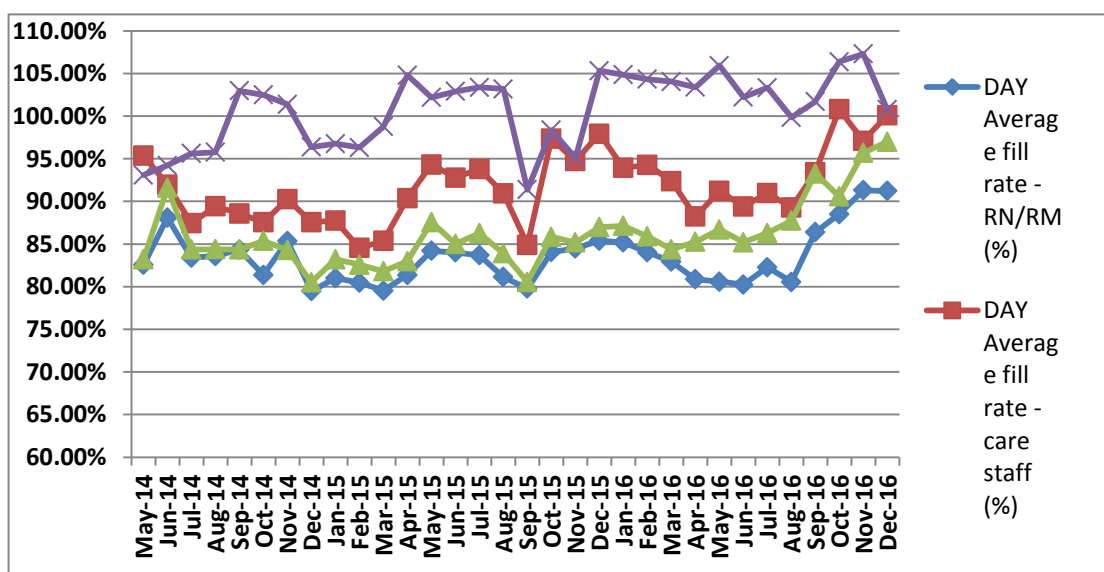
Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
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%
Nov-16	89.60%	99.10%	96.80%	108.00%
Dec-16	92.79%	93.03%	96.70%	98.50%
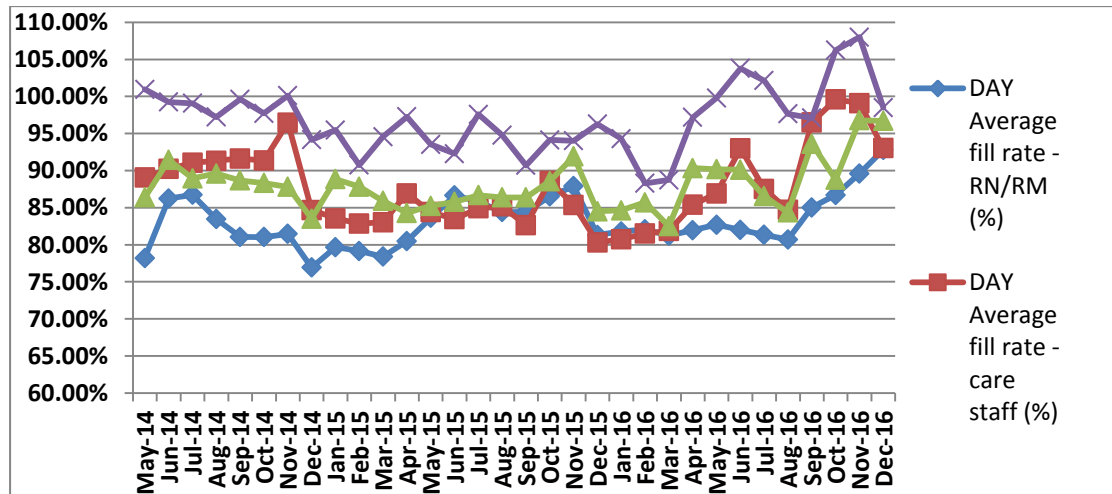
The Trust has seen significant improvements in both the registered nurse and care staff (unregistered) fills rates over recent months, especially as more of the newly registered nurses review their full registration status from the Nursing and Midwifery Council (NMC).

Some pressures remain in recruiting to optimal staffing levels in some areas and recruitment efforts continue. The Trust has already set up interviews in February 2017 for 82 of the adult nursing branch students that are due to qualify from the University of Hull in September 2017. Also, the Trust is presenting to prospective additional university candidates at the Careers Fair on 24th January 2017 to try and secure more interviewees.

With regards to international recruitment, the Trust has agreed its preferred partner, which is a locally-based company. Agreement has been reached to try and recruit 100 registered nurses from the Philippines in cohorts of 20 starting in May 2017, and every 2 months thereafter for an 8-month period. The contract allows the Trust to review the contractual arrangements after each cohort of nurses has arrived. In order to start this process and promote Hull and East Yorkshire Hospitals NHS Trust in the Philippines, two senior nurses have gone out to the Philippines to meet and develop the relationship with the company and prospective candidates.

4. **ENSURING SAFE STAFFING**

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. This is always achieved. 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, as the Trust is running a winter ward (H10) and supporting extra beds on C8 and H30, there are still some challenges on some shifts.

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 Trust will be moving to a more automated safety brief in the near future, which will be fed directly from the e-rostering system. Staff are being trained on the use of the new software (SafeCare) and it is anticipated that this will go-live during Q4.

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.

Ward Staffing: Red Alert Status
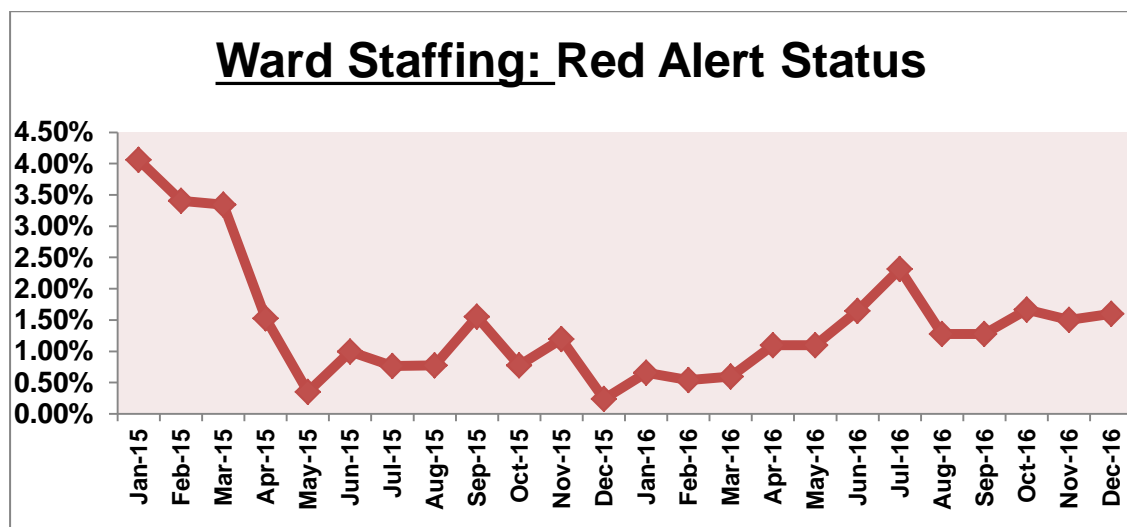
The number of red alert declarations remains relatively small overall.

The key areas that remain particularly tight in terms of meeting their full establishments currently are:

- The adult intensive care units continue to experience very high demand, which has continued across the winter. These units are established fully for nursing staff. However, as the number of level 3 (maximum intensive care level) patients is nearly double what they are established to provide, this has resulted in high

use of agency staff. The team is looking to see if there are any other viable alternatives to the use of expensive agency staff.

- Wards H70 (Diabetes and Endocrine) and H500 (Respiratory) have a number of Registered Nurse (RN) vacancies which are priority areas for recruitment currently.
- The Neonatal Unit and Paediatric High Dependency Unit (PHDU) still 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 (Elective orthopaedics), which normally reduces staffing at the weekend has stayed open to full capacity 7 days throughout most of the winter. This has presented some staffing challenges but these are being managed.

5.   NURSE ASSOCIATE – FAST FOLLOWER PILOT SITE
The Trust has been successful in securing 20 placements as part of the national nurse associate pilot programme. The Trust will be the lead employer (co-ordinator) for what is termed the Humber Partnership, which has been allocated 37 places in total, with the remaining 17 being spread across the following partner organisations:

- City Health Care Partnership
- Hull and East Riding CCGs
- Humber NHS Foundation Trust
- University of Hull
- Dove House Hospice
- Care Plus
- St Hugh's Hospital (Grimsby)
- NAVIGO
- Northern Lincolnshire and Goole NHS Foundation Trust

It is expected that the Nurse Associate role will bridge the gap between health and care support workers, who have a care certificate or equivalent, and registered nurses. The role offers opportunities for health care assistants to progress into nursing roles. It is anticipated that these roles will provide a real benefit to the nursing and care workforce across a range of settings and play a key role in the delivery of patient care with safety at its heart. It is anticipated that these roles will be regulated upon qualifying, most likely with the Nursing and Midwifery Council (NMC), although this has yet to be confirmed.

Trainee Nursing Associates will work under the direction of a Registered Nurse (RN) and will undertake duties delegated by the RN. This has the benefit of allowing the RN to spend more time on the assessment and care associated with complex patient needs and advances in treatments knowing that their patient is being supported appropriately by a well-educated and trained nursing associate.

Recruitment to these placements is now underway with their programme commencing on 28th April 2017. The Trainee Nursing Associate is a Band 3 role for existing employees who are willing and eligible to undertake a day-release programme with the University of Hull over 24 months, leading to a Foundation Degree qualification. Upon successful completion of the 2 year course programme, they will be eligible to work as a Band 4 Nursing Associate.

The Trainee Nursing Associate role will appeal to those with personal ambition to embrace this new role and advance themselves and who are committed to providing excellent patient care. Successful candidates will then be able to access fast-track

RN training programmes in the future. Further updates on how this is progressing will be provided in due course.

6.   NURSING AND MIDWIFERY REVALIDATION INFORMATION APRIL 2016 - MARCH 2017

The Trust Board is aware that revalidation was introduced for registered nurses and midwives from 1st April 2016. This is a three-yearly revalidation cycle. The table below summarises the position within the Trust to date:

Quarter 1	• 101 registrants were due to revalidate in the first quarter and all revalidated successfully
Quarter 2	• 216 registrants due to revalidate in the second quarter; 209 of these have revalidated successfully. • 4 registrants have retired from their posts • 2 registrants have been granted 'exceptional circumstances' by the NMC. This means that they do not have to revalidate during this cycle but will need to when their next revalidation date is due in three years' time. • 1 registrant has chosen not to revalidate and has subsequently left the Trust. This person has been taken off the NMC register and is no longer allowed to practice as a registered nurse.

Quarter 3	• 265 registrants have revalidated successfully
	• 1 registrant is retiring
	• 2 registrants have decided not to revalidate:
	    ○ 1 due to ill health
	    ○ 1 has decided to take a career break
	• 1 registrant had been given an extension until 12 December 2016. This registrant may have requested 'exceptional circumstances', however, this is still with the NMC. This person is suspended form work currently for other reasons, so is not practising currently
	• Another registrant (midwife) had been given an extension until 31 December 2016, this registrant failed to revalidate and has now been taken off the NMC register. This registrant will need to re-apply to go back on the register; this includes obtaining three references and also submitting their revalidation. This registrant is being supported by the Trust.
	• 5 registrants have left the Trust to work elsewhere

Quarter 4	• 236 registrants due to revalidate in Q4; 82 of these have successfully submitted their revalidation applications, but this is still work in progress throughout this current quarter • 1 registrant is retiring

The NMC published its 'Revalidation Quarterly Report' (Year 1, Quarter 2 – July to September 2016). This report stated that 'the number of nurses and midwives not revalidating is in line with those not renewing in previous years (before revalidation) at around 5%'. At HEYHT for the same period, the non-revalidation rate is 2%.

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. The next establishment reviews are due to be completed by the end of March 2017.

However, the challenges remain around recruitment and risks remain in terms of the available supply of registered nurses, although this position has improved in the short-term.

7.   RECOMMENDATION

The Trust Board is requested to:
- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Chief Nurse
January 2017

Appendix 1: HEY Safer Staffing Report - December 2016

HEY SAFER STAFFING REPORT DECEMBER-16

NURSE STAFFING | ACUITY MONITORING [AVERAGE] | HIGH LEVEL QUALITY INDICATORS *[which may or maynot be linked to nurse staffing]*

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	Nurse Staffing Red Alert Status (Monthly Avg)	Day Avg fill RN/RM (%)	Day Avg fill care staff (%)	Night Avg fill RN/RM (%)	Night Avg fill 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]	Falls Minor	Falls 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	6%													1		5	2			2						0	8
	AMU	ACUTE MEDICINE	45	0%	84%	174%	102%	98%	7:1	7:1	6:1	39%	15%	45%	1%	0%		2	1	1			1	1				1	2	6
	H1	ACUTE MEDICINE	22	0%	80%	93%	100%	100%	8:1	10:1	7:1	41%	24%	36%	0%	0%		1	2				0							3
	EAU	ELDERLY MEDICINE	21	3%	90%	117%	78%	103%	6:1	7:1	7:1	70%	0%	30%	0%	0%	1			4			4						0	5
	H5	RESPIRATORY	20	0%	93%	93%	96%	89%	10:1	10:1	8:1	20%	21%	59%	0%	0%			1	3			3	1					1	5
	RHOB	RESPIRATORY	6	3%	93%	93%	96%	89%	3:1	3:1	2:1	0%	1%	2%	92%	6%							0							0
	H50	RENAL MEDICINE	19	6%	82%	102%	102%	98%	7:1	10:1	6:1	45%	0%	53%	0%	2%		1			1		1						0	2
	H500	RESPIRATORY	24	0%	94%	77%	104%	84%	8:1	9:1	8:1	41%	3%	56%	1%	0%			3			2	2				1		1	6
	H70	ENDOCRINOLOGY	30	3%	84%	101%	93%	92%	8:1	10:1	10:1	18%	9%	73%	0%	0%	2		1	1			1	`1			1		1	5
	H8	ELDERLY MEDICINE	27	0%	90%	106%	101%	102%	8:1	9:1	9:1	8%	0%	91%	0%	0%			2	1			1						0	3
	H80	ELDERLY MEDICINE	27	0%	97%	112%	101%	98%	9:1	10:1	9:1	13%	2%	85%	0%	0%			1	3			3						0	4
	H9	ELDERLY MEDICINE	31	3%	80%	166%	94%	108%	9:1	10:1	10:1	19%	1%	80%	0%	0%				2			2						0	2
	H90	ELDERLY MEDICINE	29	0%	98%	102%	100%	100%	9:1	10:1	10:1	24%	2%	74%	0%	0%			1	4			4						0	5
	H11	STROKE / NEUROLOGY	28	0%	84%	131%	90%	104%	8:1	9:1	9:1	43%	12%	45%	1%	0%		2		3			3						0	5
	H110	STROKE / NEUROLOGY	24	3%	81%	129%	102%	123%	7:1	7:1	6:1	25%	21%	54%	0%	0%	1	2	1	1	1		2	2					2	8
	CDU	CARDIOLOGY	9	0%	94%	43%	88%		4:1	6:1	9:1	25%	75%	0%	0%	0%							0							0
	C26	CARDIOLOGY	26	3%	98%	86%	101%	94%	6:1	7:1	7:1	35%	40%	23%	2%	0%				2			2							2
	C28	CARDIOLOGY	17	0%	82%	115%	89%	55%	6:1	7:1	6:1	12%	40%	48%	0%	0%				1			1							1
	CMU	CARDIOLOGY	10	6%	82%	115%	89%	55%	3:1	3:1	3:1	1%	13%	22%	62%	2%							0							0
	H10	WINTER WARD	27	0%	92%	94%	85%	101%	8:1	8:1	8:1	44%	1%	55%	0%	0%							0							0
SURGERY	H4	NEURO SURGERY	30	0%	84%	100%	90%	99%	8:1	9:1	9:1	24%	1%	75%	0%	0%		1		2			2						0	3
	H40	NEURO HOB / TRAUMA	15	0%	84%	86%	86%	84%	5:1	5:1	4:1	0%	47%	49%	4%	0%		1					0						0	1
	H6	ACUTE SURGERY	28	0%	95%	92%	95%	194%	8:1	9:1	8:1	36%	20%	44%	0%	0%	1		1				0	1					1	3
	H60	ACUTE SURGERY	28	0%	100%	88%	93%	206%	8:1	9:1	8:1	35%	20%	46%	0%	0%			3	1			1						0	4
	H7	VASCULALR SURGERY	30	0%	97%	73%	87%	89%	8:1	8:1	9:1	32%	8%	59%	0%	0%	1						0						0	1
	H100	GASTROENTEROLOGY	24	0%	91%	90%	97%	98%	7:1	8:1	8:1	52%	1%	47%	0%	0%		1					1						0	1
	H12	ORTHOPAEDIC	28	9%	97%	88%	99%	101%	8:1	9:1	9:1	11%	2%	87%	0%	0%	1						0						0	1
	H120	ORTHO / MAXFAX	22	0%	104%	109%	109%	95%	6:1	7:1	7:1	18%	5%	77%	0%	0%			1				0	1					1	2
	HICU	CRITICAL CARE	22	0%	97%	198%	96%	113%	2:1	2:1	2:1	0%	4%	1%	40%	55%							0				2		2	2
	C8	ORTHOPAEDIC	18	0%	87%	73%	64%	68%	8:1	8:1	8:1	63%	3%	35%	0%	0%	1						0						0	1
	C9	ORTHOPAEDIC	29	0%	114%	95%	110%	101%	8:1	8:1	8:1	35%	0%	64%	2%	0%		2		1			1	1			1		2	5
	C10	COLORECTAL	21	6%	95%	78%	100%	88%	6:1	8:1	6:1	44%	1%	55%	0%	0%					1		1						0	1
	C11	COLORECTAL	22	0%	95%	69%	101%	90%	7:1	8:1	8:1	43%	1%	56%	0%	0%							0						0	0
	C14	UPPER GI	27	3%	82%	80%	88%	136%	7:1	8:1	8:1	68%	0%	31%	1%	0%					1		1	1					1	2
	C15	UROLOGY	26	0%	91%	91%	96%	94%	6:1	7:1	7:1	70%	3%	27%	0%	0%							0				2		2	2
	C27	CARDIOTHORACIC	26	0%	97%	103%	99%	100%	6:1	7:1	7:1	42%	0%	58%	0%	0%		2					0						0	2
	CICU	CRITICAL CARE	22	3%	98%	84%	98%	63%	2:1	2:1	2:1	0%	0%	2%	59%	38%	1						0						0	1
	C16	ENT / BREAST	30	3%	94%	108%	119%	86%	8:1	8:1	9:1	51%	30%	15%	4%	0%	1	1					0						0	2
FAMILY & WOMEN'S	H130	PAEDS	20	0%	89%	37%	91%	77%	5:1	6:1	5:1	49%	49%	2%	0%	0%			2				0						0	2
	H30 CEDAR	GYNAECOLOGY	9	0%	77%	62%	109%		7:1	7:1	7:1	94%	0%	6%	0%	0%							0						0	0
	H31 MAPLE	MATERNITY	20	0%	86%	88%	99%	99%	5:1	5:1	6:1	100%	0%	0%	0%	0%	1	2					0						0	3
	H33 ROWAN	MATERNITY	38	0%	97%	95%	95%	91%	7:1	7:1	9:1	95%	5%	0%	0%	0%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	0%	88%	68%	99%	107%	5:1	5:1	7:1	82%	17%	1%	0%	0%							0						0	0
	H35	OPHTHALMOLOGY	12	0%	88%	80%	109%		6:1	6:1	6:1	60%	7%	32%	0%	0%							0							0
	LABOUR	MATERNITY	16	3%	111%	70%	110%	75%	3:1	4:1	3:1	81%	8%	7%	4%	0%	2						0						0	2
	NEONATES	CRITICAL CARE	26	0%	93%	113%	93%	115%	3:1	3:1	3:1	0%	32%	5%	41%	23%	2						0						0	2
	PAU	PAEDS	10	0%	91%		99%		5:1	5:1	5:1	35%	60%	5%	0%	0%							0						0	0
	PHDU	CRITICAL CARE	4	0%	99%	56%	103%		2:1	2:1	2:1	41%	18%	7%	35%	0%			1				0	1					1	2
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0%	97%	87%	101%	97%	9:1	9:1	6:1	67%	0%	33%	0%	0%				1			1						0	1
	C29	REHABILITATION	15	6%	101%	109%	100%	257%	6:1	7:1	5:1	32%	1%	67%	0%	0%							0						0	0
	C30	ONCOLOGY	22	0%	81%	112%	89%	101%	8:1	9:1	7:1	24%	15%	61%	0%	0%			1	1			1						0	2
	C31	ONCOLOGY	27	0%	94%	114%	99%	99%	7:1	8:1	9:1	45%	6%	49%	0%	0%				1			1						0	1
	C32	ONCOLOGY	22	3%	94%	88%	93%	92%	7:1	8:1	7:1	26%	1%	73%	0%	0%							0						0	0
	C33	HAEMATOLOGY	28	0%	89%	128%	99%	101%	6:1	7:1	8:1	61%	11%	25%	3%	0%		1	1	3			3						0	5
		AVERAGE:		1.3%				AVERAGE:	6:1	7:1	7:1	38%	12%	40%	7%	2%														
								TOTALS:									16	18	28	39	4	2	45	9	0	0	8	0	17	124

SAFER STAFFING OVERALL PERFORMANCE — Dec-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 (%)
HRI SITE	91.2%	100.1%	97.0%	100.8%
CHH SITE	92.8%	93.0%	96.7%	98.5%