HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	7th March 2017		Reference Number	2017- 3 - 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.			

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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 January 2017 (December 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 in due course.

This report presents the 'safer staffing' position as at 31st January 2017 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%
Jan-17	93.00%	103.50%	99.10%	101.10%
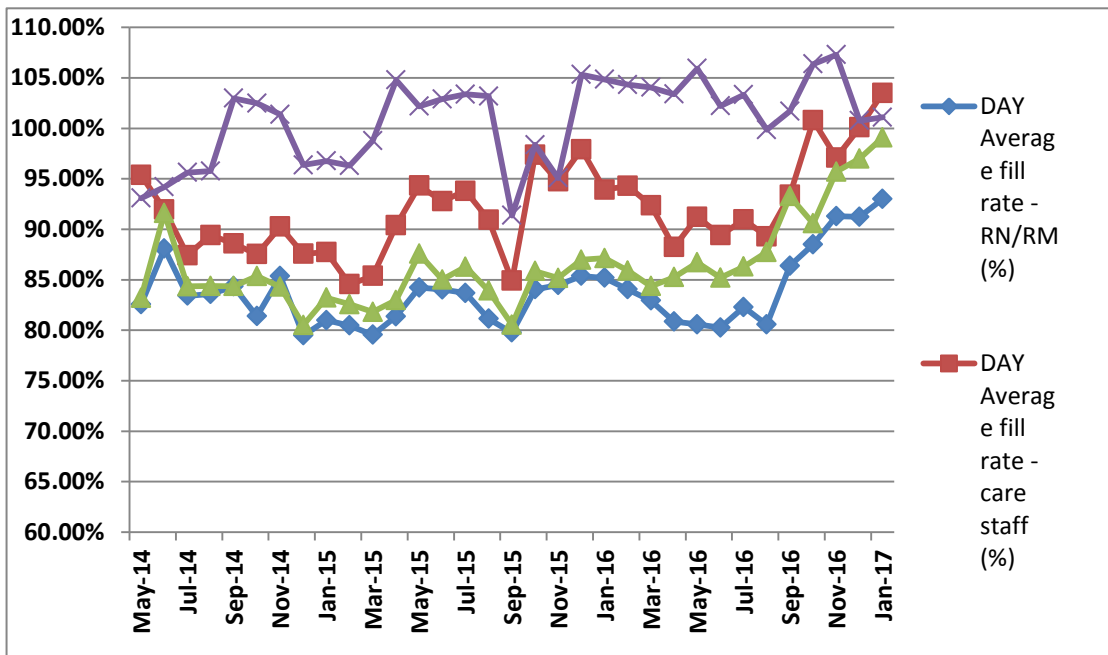
Fig 2: Castle Hill Hospital

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%
Jan-17	87.90%	93.70%	92.90%	102.90%
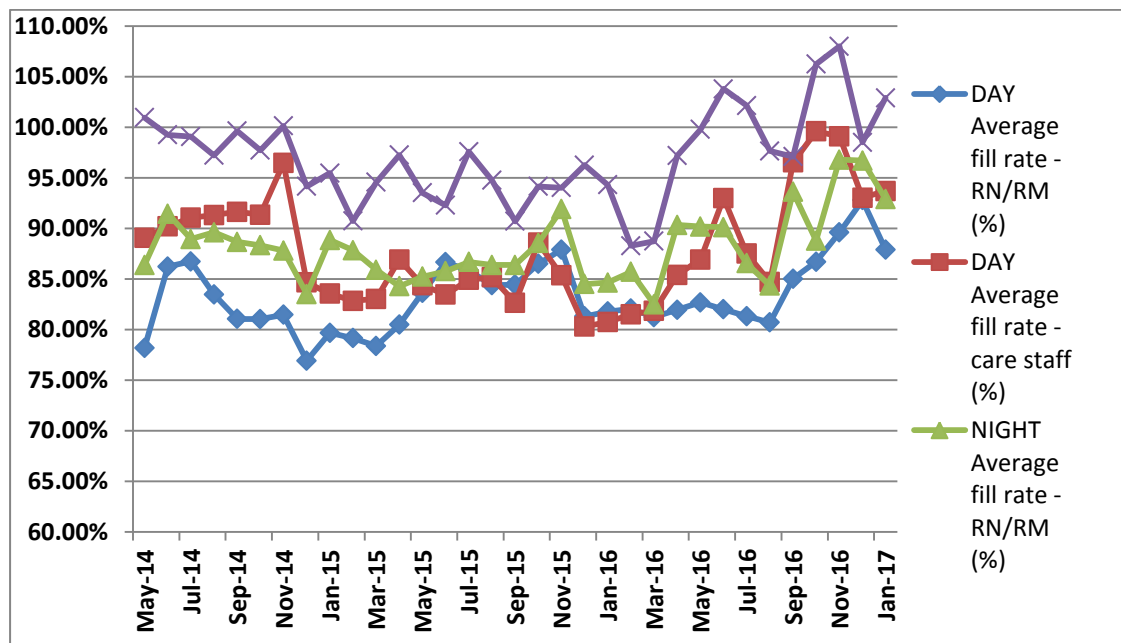
The Trust has seen significant improvements in both the registered nurse and care staff (unregistered) fill rates over recent months, especially as more of the newly registered nurses receive their full registration status from the Nursing and Midwifery Council (NMC). The differences between the two sites in December reflect the need to move staff over to HRI in response to non-elective pressures.

Also, some wards exceed 100% of planned fill rates. This is usually explained as a result of needing to provide 1:1 care for specific patients over and above that which is planned or where additional staff are drafted in e..g specialist nurses, to meet patient need.

Some pressures remain in recruiting to optimal staffing levels in some areas and recruitment efforts continue. The Trust has interviewed and successfully appointed a 115 of the adult nursing branch students and 20 of the children's nursing branch students to date, that are due to qualify from the University of Hull in September 2017. A significant amount of effort is also been made with regards to attracting additional candidates from other universities, with Trust representation at recent and

future Career Fairs at Salford University and Leeds University. In addition, the Trust is currently exploring with the University of Hull the possibility of increasing the number of student placements in September 2017 by a further 50 places.

With regards to international recruitment, following a successful promotion and advertising campaign within the Philippines, the Trust is currently considering 50 long-listed CV's. Interviews will be arranged and employment offers will be made following NMC clearance and employment checks. Applicants are expected to commence in July and August, 2017 due to UK visa waiting times. The Trust expects to have 40 overseas nurses working for the Trust before September, 2017.

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 Q1.

    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
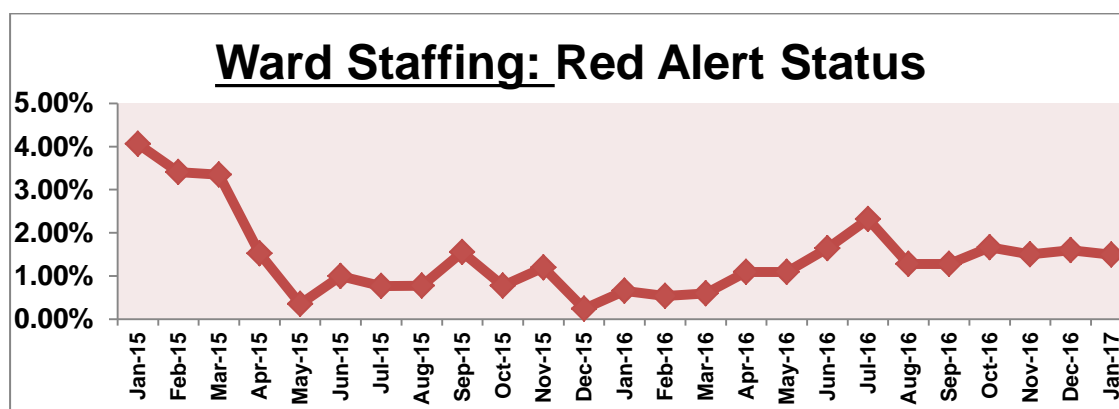
The number of red alert declarations remains relatively small overall.

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 numbers of level 3 (maximum intensive care level) patients remain higher than planned. Staff are working additional hours to help manage this.
- Wards H70 (Diabetes and Endocrine) and H500 (Respiratory) are improving the fill rates but some challenges remain.

Staffing levels across a number of clinical areas have been compounded further by the high levels of sickness in both the registered and non-registered nursing workforce as illustrated in the following table. This is of particular significance when considered in relation to the Trust's overall sickness percentage of 3.64%.

Table to illustrate the current Attendance Levels for both Registered and Non Registered Nursing Staff as at 31/01/17

Health Group	Target %16/17	% Sickness	% Long Term Sickness	% Short Term Sickness
Medicine: Registered Nurses	3.90	4.20	2.51	1.69
Medicine: Non – Registered Nurses	3.90	4.63	1.95	2.68
Surgery: Registered Nurses	3.90	4.84	3.11	1.73
Surgery: Non – Registered Nurses	3.90	5.45	3.36	2.09
Clinical Support:: Registered Nurses	3.90	3.42	1.87	1.55
Clinical Support: Non – Registered Nurses	3.90	6.59	4.42	2.17
F&WHG: Registered Nurses	3.90	4.76	3.27	1.49
F&WGH: Non – Registered Nurses	3.90	4.54	2.99	1.55

The Chief Nurse is concerned about these levels of absence and has commissioned a focused piece of work to understand this further and what is driving these rates. This work will look primarily at how attendance is being managed in accordance with the Trust's Policies and Procedures and, secondly, to gain a greater understanding of the reasons underpinning the high sickness levels across each of the Health Groups.

5.   **NURSE ASSOCIATE – FAST FOLLOWER PILOT SITE**
The Trust has successfully recruited 19 Nurse Associate Trainees. Their training programme will commence on 28th April 2017. Work is being undertaken in conjunction with the University of Hull to develop bespoke practice placements for each of the trainees. In addition, work has commenced with the Charge Nurse/Ward Sisters to look at how the role and course will be evaluated going forward.

6.   **SUMMARY**
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
March 2017

Appendix 1: HEY Safer Staffing Report – January 2017

HEY SAFER STAFFING REPORT JANUARY 2017

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	DAY RN/RM (%)	DAY care staff (%)	NIGHT RN/RM (%)	NIGHT care staff (%)	EARLY SHIFT [8:1]	LATE SHIFT [8:1]	NIGHT SHIFT [10:1]	Acuity 0	Acuity 1a	Acuity 1b	Acuity 2	Acuity 3	DATIX	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS MINOR	FALLS MODERATE	FALLS 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%													3	9				2	2						0	14
	AMU	ACUTE MEDICINE	45	0%	85%	127%	98%	89%	7:1	7:1	6:1	39%	15%	45%	1%	0%		1	3	3			3				1	1	2	9
	H1	ACUTE MEDICINE	22	0%	83%	99%	102%	89%	8:1	10:1	7:1	41%	24%	36%	0%	0%		1					0	1			1		2	3
	EAU	ELDERLY MEDICINE	21	3%	96%	97%	67%	117%	6:1	7:1	7:1	70%	0%	30%	0%	0%	1	3		3			3						0	7
	H5	RESPIRATORY	20	0%	91%	98%	96%	95%	10:1	10:1	8:1	20%	21%	59%	0%	0%			2	3			3	1					1	6
	RHOB	RESPIRATORY	6	3%	91%	98%	96%	95%	3:1	3:1	2:1	0%	1%	2%	92%	6%							0						0	0
	H50	RENAL MEDICINE	19	6%	94%	106%	100%	100%	7:1	10:1	6:1	45%	0%	53%	0%	2%							0						0	0
	H500	RESPIRATORY	24	0%	94%	90%	99%	98%	8:1	9:1	8:1	41%	3%	56%	1%	0%	1	1	1				0						0	3
	H70	ENDOCRINOLOGY	30	3%	104%	176%	91%	113%	8:1	10:1	10:1	18%	9%	73%	0%	0%	5			1			1				1		1	7
	H8	ELDERLY MEDICINE	27	0%	80%	113%	100%	100%	8:1	10:1	9:1	8%	0%	91%	0%	0%		2		1			1						1	4
	H80	ELDERLY MEDICINE	27	0%	80%	106%	101%	102%	9:1	10:1	9:1	13%	2%	85%	0%	0%	1	1		1			1	1					1	5
	H9	ELDERLY MEDICINE	31	3%	98%	102%	99%	105%	9:1	10:1	10:1	19%	1%	80%	0%	0%		1		3		2	5				2		2	8
	H90	ELDERLY MEDICINE	29	0%	98%	94%	100%	97%	9:1	10:1	10:1	24%	2%	74%	0%	0%						1	1				1		1	2
	H11	STROKE / NEUROLOGY	28	0%	80%	146%	94%	97%	8:1	9:1	9:1	43%	12%	45%	1%	0%	5			2			2				1		1	8
	H110	STROKE / NEUROLOGY	24	3%	80%	115%	100%	102%	7:1	7:1	6:1	25%	21%	54%	0%	0%	3	2		3			3				1	1	2	10
	CDU	CARDIOLOGY	9	0%	86%	84%	100%		4:1	6:1	9:1	25%	75%	0%	0%	0%							0							0
	C26	CARDIOLOGY	26	3%	80%	79%	83%	95%	6:1	7:1	7:1	35%	40%	23%	2%	0%							0				1		1	1
	C28	CARDIOLOGY	17	0%	81%	107%	85%	53%	6:1	7:1	6:1	12%	40%	48%	0%	0%		1		1			1						0	2
	CMU	CARDIOLOGY	10	6%	81%	107%	85%	53%	3:1	3:1	3:1	1%	13%	22%	62%	2%							0						0	0
	H10	WINTER WARD	27	0%	80%	119%	116%	110%	8:1	8:1	8:1	44%	1%	55%	0%	0%	1		2	1	1		2							5
SURGERY	H4	NEURO SURGERY	30	0%	92%	110%	99%	112%	8:1	9:1	9:1	24%	0%	75%	0%	0%	1	2	1				0							4
	H40	NEURO HOB / TRAUMA	15	0%	80%	102%	86%	96%	5:1	5:1	4:1	0%	47%	49%	4%	0%			1				0	1					1	2
	H6	ACUTE SURGERY	28	0%	93%	92%	85%	193%	8:1	9:1	8:1	36%	20%	44%	0%	0%	2		1				0					1	1	4
	H60	ACUTE SURGERY	28	0%	95%	90%	91%	191%	8:1	9:1	8:1	35%	20%	46%	0%	0%	1	2	1				0						0	4
	H7	VASCULALR SURGERY	30	0%	96%	89%	93%	97%	8:1	8:1	9:1	32%	8%	59%	0%	0%	4	1					0	1					1	6
	H100	GASTROENTEROLOGY	24	0%	91%	103%	104%	105%	7:1	8:1	8:1	52%	1%	47%	0%	0%				4			4	1					1	5
	H12	ORTHOPAEDIC	28	9%	79%	115%	95%	102%	8:1	9:1	9:1	11%	2%	87%	0%	0%	4	1					0	1				1	2	7
	H120	ORTHO / MAXFAX	22	0%	94%	106%	96%	109%	6:1	7:1	7:1	18%	5%	77%	0%	0%			1	2			2						0	3
	HICU	CRITICAL CARE	22	0%	109%	124%	107%	42%	2:1	2:1	2:1	0%	4%	1%	40%	55%			1				0	1			2	1	4	5
	C8	ORTHOPAEDIC	18	0%	105%	74%	93%	88%	8:1	8:1	8:1	63%	3%	35%	0%	0%	1		1				0						0	2
	C9	ORTHOPAEDIC	29	0%	96%	79%	101%	93%	8:1	8:1	8:1	35%	0%	64%	2%	0%							0				1	1	2	2
	C10	COLORECTAL	21	6%	84%	91%	91%	83%	6:1	8:1	6:1	44%	1%	55%	0%	0%							0	1					1	1
	C11	COLORECTAL	22	0%	94%	91%	84%	103%	7:1	8:1	8:1	43%	1%	56%	0%	0%		1					0						0	2
	C14	UPPER GI	27	3%	81%	75%	81%	169%	7:1	8:1	8:1	68%	0%	31%	1%	0%		2			1		1				1		1	4
	C15	UROLOGY	26	0%	85%	80%	89%	96%	6:1	7:1	7:1	70%	3%	27%	0%	0%							0						0	0
	C27	CARDIOTHORACIC	26	0%	84%	97%	86%	122%	6:1	7:1	7:1	42%	0%	58%	0%	0%							0						0	0
	CICU	CRITICAL CARE	22	3%	91%	94%	95%	74%	2:1	2:1	2:1	0%	0%	2%	59%	38%	2						0							3
FAMILY & WOMEN'S	C16	ENT / BREAST	30	3%	95%	109%	123%	80%	8:1	8:1	9:1	51%	30%	15%	4%	0%	1			1			1						0	2
	H130	PAEDS	20	0%	93%	36%	91%	64%	5:1	6:1	5:1	49%	49%	2%	0%	0%				1			1							1
	H30 CEDAR	GYNAECOLOGY	9	0%	102%	85%	124%		7:1	7:1	7:1	94%	0%	6%	0%	0%	1	2	1				0						0	4
	H31 MAPLE	MATERNITY	20	0%	79%	95%	88%	100%	5:1	5:1	6:1	100%	0%	0%	0%	0%	2	1	1				1						0	4
	H33 ROWAN	MATERNITY	38	0%	103%	92%	103%	84%	7:1	8:1	9:1	95%	5%	0%	0%	0%		1					0						0	1
	H34 ACORN	PAEDS SURGERY	20	0%	106%	81%	101%	92%	5:1	5:1	7:1	82%	17%	1%	0%	0%							0	1					1	1
	H35	OPHTHALMOLOGY	12	0%	90%	79%	107%		6:1	6:1	6:1	60%	7%	32%	0%	0%		1					0						0	1
	LABOUR	MATERNITY	16	3%	111%	80%	108%	79%	3:1	4:1	3:1	81%	8%	7%	4%	0%		4					0						0	4
	NEONATES	CRITICAL CARE	26	0%	96%	128%	97%	109%	3:1	3:1	3:1	0%	32%	5%	41%	23%		3					0						0	3
	PAU	PAEDS	10	0%	100%		102%		5:1	5:1	5:1	35%	60%	5%	0%	0%							0						0	0
	PHDU	CRITICAL CARE	4	0%	101%	77%	102%		2:1	2:1	2:1	41%	18%	7%	35%	0%							0						0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0%	104%	96%	100%	91%	9:1	9:1	6:1	67%	0%	33%	0%	0%							0	1					1	1
	C29	REHABILITATION	15	6%	99%	110%	100%	290%	6:1	7:1	5:1	32%	1%	67%	0%	0%	1			2			2	1					1	4
	C30	ONCOLOGY	22	0%	93%	103%	98%	99%	8:1	9:1	7:1	24%	15%	61%	0%	0%							0	1					1	1
	C31	ONCOLOGY	27	0%	88%	115%	98%	96%	7:1	8:1	9:1	45%	6%	49%	0%	0%							0					1	1	1
	C32	ONCOLOGY	22	3%	91%	99%	97%	97%	7:1	8:1	7:1	26%	1%	73%	0%	0%				1			1						0	1
	C33	HAEMATOLOGY	28	0%	82%	128%	95%	100%	6:1	7:1	8:1	61%	11%	25%	3%	0%				1			1						0	1
		AVERAGE:		1.3%					**AVERAGE:** 6:1	7:1	7:1	38%	12%	40%	7%	2%														
		TOTALS:															40	39	23	35	2	5	42	19	0	0	9	6	34	178

Jan-17	DAY RN/RM (%)	DAY care staff (%)	NIGHT RN/RM (%)	NIGHT care staff (%)
SAFER STAFFING OVERALL PERFORMANCE				
HRI SITE	93.0%	103.5%	99.1%	101.1%
CHH SITE	87.9%	93.7%	92.9%	102.9%