

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	4 th April 2017	Reference Number	2017 – 4 - 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: <ul style="list-style-type: none"> • 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 February 2017 (January 2017 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 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.

This report presents the ‘safer staffing’ position as at 28th February 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff³.

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). This month’s appendix has been modified to include some of the new metrics

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

that is it understood will be included in Lord Carter's Model Hospital dashboard, when this is made available. These additions are:

- Care Hours Per Patient Day (CHPPD). This is the number of hours worked by registered and non-registered staff divided by the number of patients on the ward at midnight. In itself, it doesn't necessarily say much. However, the intention is to consider this metric over time alongside quality markers to help determine if staffing levels, or available hours of care per patient, have an impact on the quality of care delivered. It is also understood that, when the Lord Carter Model Hospital dashboard is made available, it will allow trusts to compare and contrast these metrics.
- Annual Leave allocation. In order to be able to meet staffs annual leave entitlements, this metric should be between 11% and 17% so as to avoid peaks and troughs in leave taken. Again, this will provide useful information over time to look at trends and behaviours in relation to annual leave management and is a marker of how well or otherwise each ward's rotas are being managed.
- Sickness rates by ward. The Trust Board will be aware of the concerns about this that were raised by the Chief Nurse in last month's staffing report. This is now presented by ward and demonstrates where further analysis and action may need to be taken. This metric includes both long (greater than 4 weeks) and short term (less than 4 weeks) sickness, although the intention is to try and separate these in future reports so that each can be scrutinised more closely.
- Nursing and Care Assistant Vacancy levels by ward. Again this will be provide better information by area going forward so that any areas of challenge can be understood and addressed more clearly.

All of this additional information will enable closer scrutiny and analysis to take place going forward and these will be developed further over time. The Chief Nurse is arranging to meet with each Health Group Nurse Director and Senior Matrons to help understand how they are addressing any areas of concern. Anything of relevance from this will be included in future versions of this report.

The fill rate trends are now provided on the following pages:

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%
Feb-17	90.10%	98.10%	94.80%	100.30%

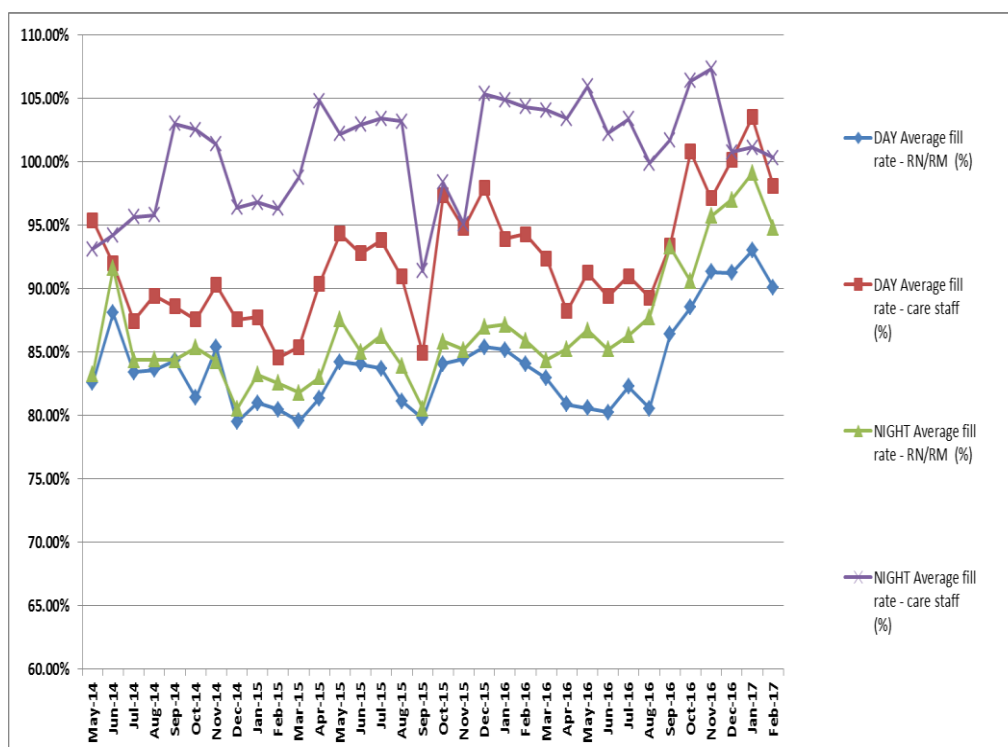
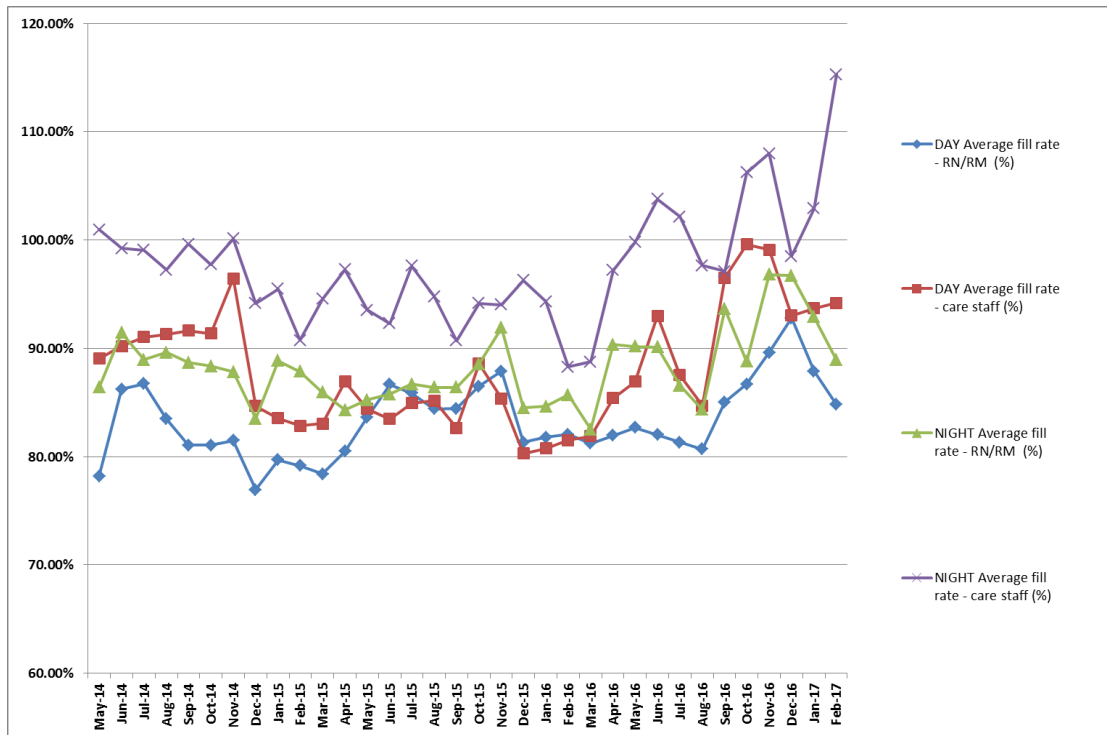


Fig 2: Castle Hill Hospital

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%
Feb-17	84.80%	94.20%	88.90%	115.30%



Fill rates at HRI remain slightly higher than those for CHH. This reflects a number of issues, which include:

- The continuing need to support the winter ward H10. However, this is due to close on 29th April 2017 whereupon staff will return to their substantive wards
- Vacancy rates
- Sickness levels
- There is also some compensation with HCA's being recruited to help fill RN vacancy gaps
- The needs for some patients to have 1:1 supervision due to their care needs

Some pressures remain in recruiting to optimal staffing levels in some areas and recruitment efforts continue. The Trust is pursuing currently 138 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 being made with regards to attracting additional candidates from other universities, through social marketing and media campaigns. 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. Successful 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 here before September 2017, providing this goes to plan.

4. ENSURING SAFE STAFFING

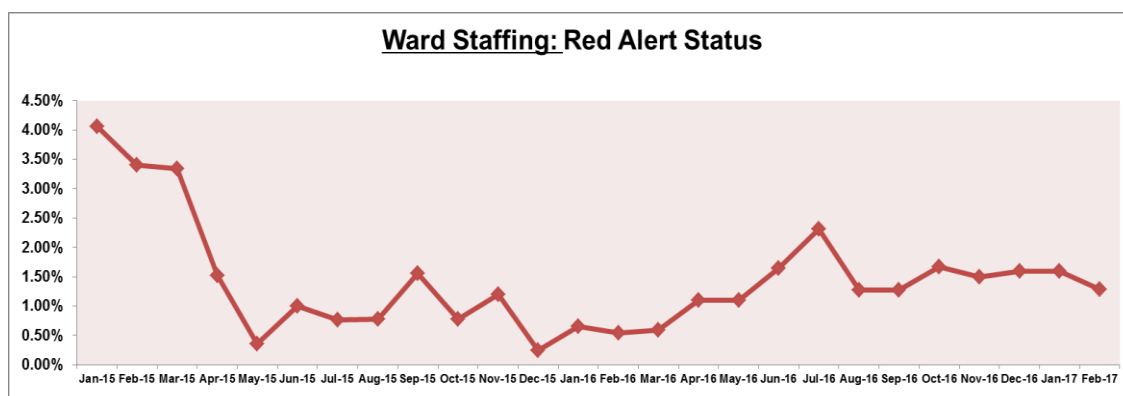
The twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. This is always achieved. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. However, as has been mentioned earlier in this report, the Trust is still running a winter ward (H10) and supporting extra beds on C8 and H30, resulting in 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 anticipated roll out of the new more automated safety brief, which will be fed directly from the e-rostering system (SafeCare), is still expected to go live during Q1 of 2017/18. Staff are being trained currently on how to use the new system.

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, when staff report that they feel staffing levels are not adequate, remains relatively small overall. Going forward, the Red Alert system will be replaced with a Red Flag alert system using nationally defined criteria, although this is not yet available.

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

- **Emergency Department - Registered Nurse Staffing.** Having only recently recruited to almost full establishment last autumn, the Department has 16.34wte (18.25%) Registered Nurse Vacancies with a further 2.88wte leaving at the end of March/April. There is a rolling advert in NHS jobs and the team is interviewing a number of staff external to the trust. Currently, 2.8wte new recruits are being pursued. 14wte of the University of Hull newly qualified nurses will join the department in September 2017. However, this is some time away and will not help in the short to medium term. In order to mitigate the challenges in this department, the Teacher/Practitioner and lead Band 7 staff are rostered into the care delivery numbers regularly. Discussions are underway with the nurse bank to try and maximise its support, also. It is likely that some shifts may need to be put out to agencies if they cannot be filled in other ways, although this will be kept to an absolute minimum. Exit interviews are offered to all staff that have left/are leaving. The main reasons are to pursue alternative roles and, also, many are moving to work in minor injuries units as the workload is seemingly less onerous. The Chief Nurse is meeting with the Nurse Director and Senior Matron to understand this further and to agree a more robust recruitment and retention plan.
- **Acute Medical Unit (AMU).** This unit has 7.88wte (10.65%) vacancies currently with a further 4wte predicted for April 2017. These have been advertised.
- **Ward C16 (ENT, Plastics and Breast Surgery)** has 3.38wte RN vacancies and 3.35 AN (24.22%) vacancies at present with a further 2wte predicted in the near future. 4wte RN's have been recruited for September, however, like ED, this does not address the short to medium term challenges. 2 x RN Agency nurses are being used currently to bridge this gap, which is a cost pressure but is required to maintain patient safety. The Senior Matron is doing some cultural work on the ward initially with the Sister, and then the full team, with HR's support, to understand the issues with retention and how these might be addressed.
- **Neonatal Intensive Care Unit (NICU).** This is another area of concern with 12.13 wte RN vacancies (16.64%). 6 of these have been recruited to and more students are due to join in September. The staffing in the interim is being managed closely by the senior matron, with staff being flexed across all paediatric inpatient and outpatient areas according to patient need.
- **H70 (Diabetes and Endocrine)** has 10.49 (34.36%) wte RN vacancies. This ward is supported in the interim by moving staff from Cardiology, Renal and Respiratory to assist. In addition, from May 1st 2017, 2wte pool nurses are joining the team for a six month period. Staffing across the health group is balanced daily to help manage any risk. This ward had some challenges recently with its previous leadership and some associated care quality concerns. However, the new Senior Sister is having a very positive effect and it is hoped that this will help improve the ward's recruitment position.
- **Ward 110 – Stroke Unit** has some quality of care concerns recently. A new senior sister has been appointed. The senior matron is supporting this new ward sister to ensure support for staff and leadership coaching.
- **Ward H4 - Neurosurgery** has 4.53wte vacancies which equates to (14.09%). The ward is being supported by H40.

- **Ward H7 – Vascular surgery** has 4.56wte vacancies which is (13.68%). This group of patients often require specialist dressings. There is a plan to temporarily transfer some nursing resource from within the Health Group until substantive posts are filled.
- **C9, C10 and C11** are all elective surgical wards at CHH; there are a total of 16.64wte (20.31%) vacancies across this group of wards. There are currently 6 orthopaedic beds closed on C9 to support the number of nursing vacancies.
- **Surgery** is currently in the process of recruiting new registrants starting in October (38wte) and a plan to recruit a total of 30 international registrants during 2017-18.

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 will now be completed by the end of April 2017 and not March as planned originally. However, this is managed very carefully and in a way that balances the risks across the organisation. 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.

The new information that is now presented by ward will enable each of these to be scrutinised more closely to ensure that all reasonable efforts are being taken to deploy staff efficiently and, also, manage sickness/absence robustly.

7. RECOMMENDATION

The Trust Board is requested to:

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

Mike Wright
Executive Chief Nurse
March 2017

Appendix 1: HEY Safer Staffing Report – February 2017

