

# HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

## NURSING AND MIDWIFERY STAFFING REPORT

<b>Trust Board date</b>	2 <sup>nd</sup> May 2017	<b>Reference Number</b>	2017 – 5 - 9		
<b>Director</b>	Mike Wright – Chief Nurse	<b>Author</b>	Mike Wright – Chief Nurse		
<b>Reason for the report</b>	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				
<b>Type of report</b>	Concept paper		Strategic options		Business case
	Performance		Information	✓	Review

<b>1</b>	<b>RECOMMENDATIONS</b> The Trust Board is requested to:				
	<ul style="list-style-type: none"> <li>• Receive this report</li> <li>• Decide if any if any further actions and/or information are required</li> </ul>				
<b>2</b>	<b>KEY PURPOSE:</b>				
	Decision		Approval		Discussion
	Information		Assurance	✓	Delegation
<b>3</b>	<b>STRATEGIC GOALS:</b>				
	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				
<b>4</b>	<b>LINKED TO:</b>				
	<b>CQC Regulation(s):</b> E4 – Staff, teams and services to deliver effective care and treatment				
	<b>Assurance Framework</b> Ref: Q1, Q3	<b>Raises Equalities Issues?</b> N	<b>Legal advice taken?</b> N	<b>Raises sustainability issues?</b> N	
<b>5</b>	<b>BOARD/BOARD COMMITTEE REVIEW</b> 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)<sup>1,2</sup> and the Care Quality Commission.

### 2. BACKGROUND

The last report on this topic was presented to the Trust Board in March 2017 (February 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.

This report presents the ‘safer staffing’ position as at 31<sup>st</sup> March 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff<sup>3</sup>.

### 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 appendix now includes some of the new metrics that is it understood will be included in Lord Carter’s Model Hospital dashboard, when this is made available with up to date information. These additions are: Care Hours Per Patient Day (CHPPD), annual leave allocation, sickness rates by ward and nursing and care assistant vacancy levels by ward.

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<sup>1</sup> 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*

<sup>2</sup> 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

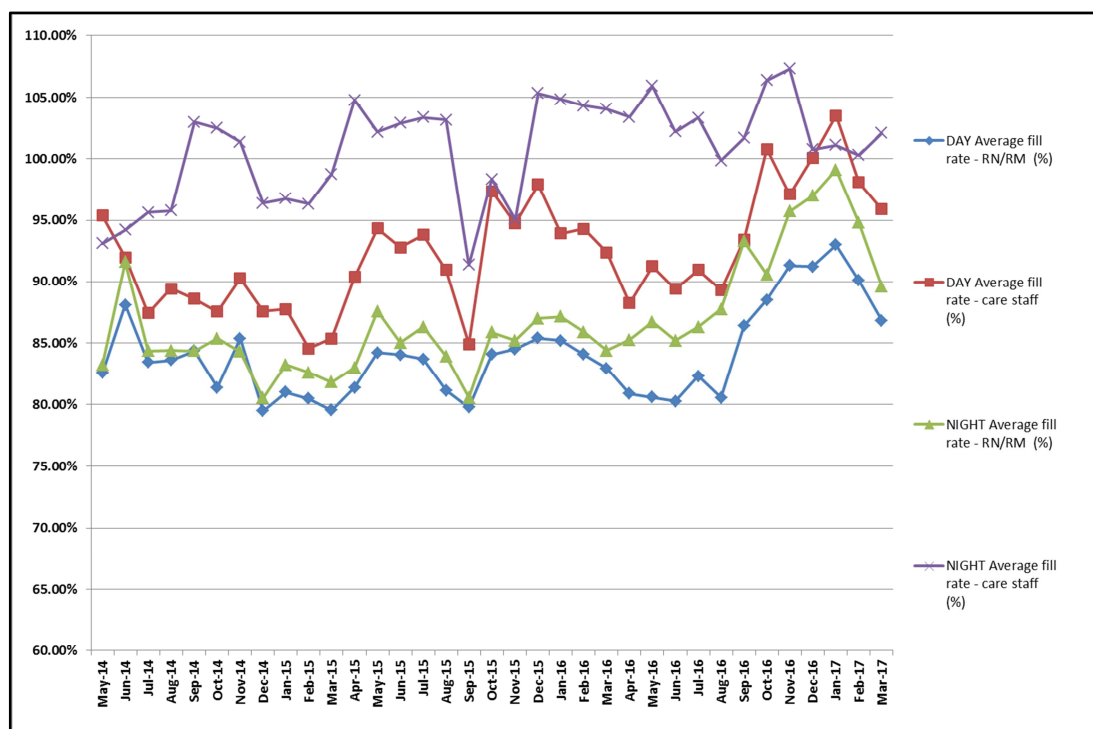
<sup>3</sup> When Trust Boards meet in public

The inclusion of all of these additional sets of data is in its early stages. However, over time, it is anticipated that this will help determine more comprehensively what impact nursing and midwifery staffing levels have on patient care and outcomes.

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

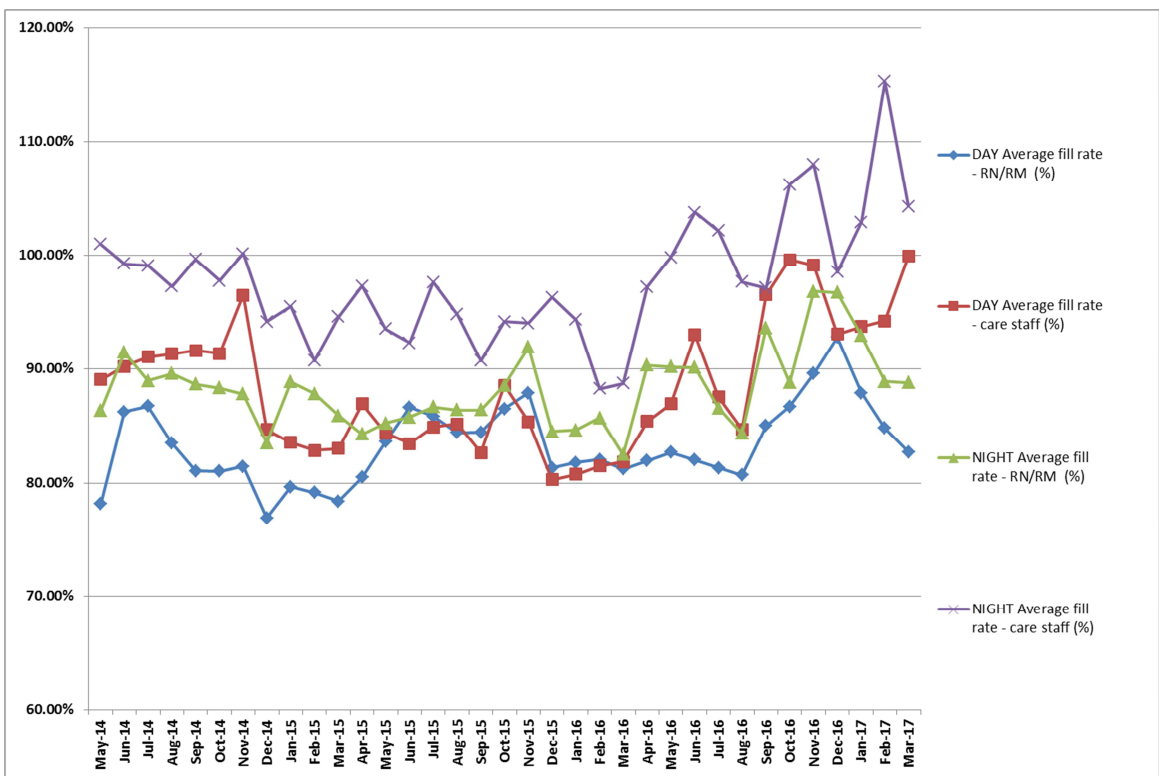
**Fig 1: Hull Royal Infirmary**

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%
Mar-17	86.80%	95.90%	89.60%	102.10%



**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%
Feb-17	84.80%	94.20%	88.90%	115.30%
Mar-17	82.70%	99.90%	88.80%	104.30%



Fill rates at HRI remain slightly higher than those for CHH, however there has been a reduction in the fill rates at HRI compared to previous months. This reflects a number of issues, which include:

- Increase in annual leave allocation of approximately 2% overall in this month appears to be a contributory factor
- The continuing need to support the winter ward H10. However, this is due to close on 28<sup>th</sup> 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

Work continues with recruitment for Registered Nurses. 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. The Trust is currently exploring its capacity to provide mentorship to support additional student placements.

The Trust has successfully secured 20 placements as part of the National nurse associate pilot programme. The 20 applicants will commence the 2 year programme on 28<sup>th</sup> April 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 has been mentioned earlier in this report, the Trust is still running a winter ward (H10).

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 professional 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 SafeCare fully automated e-rostering system went live for the wards on Monday 24<sup>th</sup> April. It is anticipated that in the initial phase of the go live, staff will require some additional support; therefore floor walkers are in place for the initial roll out period to support staff in operating the new system.

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 11.76 wte (9.4%) vacancies. This is a slightly improved position in Registered Nurses in post, though it is recognised there is still a significant vacancy factor. There is a rolling advert in NHS jobs and the team is interviewing a number of staff external to the trust. Currently, 1.8 wte new recruits will commence in May. 14.0 wte of the University of Hull newly qualified nurses will join the department in September 2017. 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 latest leavers have all left for promotions. There is a planned meeting in May with the Chief Nurse, 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 10.64 wte (13.4%) vacancies currently with a further 4 wte predicted for April 2017. These have been advertised and interviews will be held in May.
- **Ward C16 (ENT, Plastics and Breast Surgery)** has 3.38 wte RN vacancies and 3.35 wte non-registered vacancies (24.22%) at present. Following recent recruitment, all posts have been recruited to; however, this does not address the short to medium term challenges. 2.0 wte RN Agency nurses are being used currently to bridge this gap, which is a cost pressure, but essential to maintain patient safety. The Senior Matron has concluded her cultural review on the ward, and is currently providing feedback to the team. It is hoped this will improve the retention rates on the Ward.
- **Neonatal Intensive Care Unit (NICU).** Recruitment and retention in this specialty is concerning 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 9.81wte RN vacancies and 0.84 wte non-registered nurse vacancies (33.1%). This ward is supported in the interim by moving staff from Cardiology, Renal and Respiratory to assist. In addition, from May 1<sup>st</sup> 2017, 2 wte pool nurses are joining the team for a six month period. Staffing across the health group is balanced daily to help manage any risk. In addition, a Band 6 nurse will be seconded to the ward for a six month period to ensure there is continuation of senior nurse cover including weekends. This ward experienced some challenges recently with its previous leadership and associated care quality concerns, however, the new interim Senior Sister is having a very positive effect and it is hoped that this will help improve the ward's recruitment position.
- **Ward H4 - Neurosurgery** has 3.07 wte RN and 1.41wte non-registered nurse vacancies which equates to (14.0%). The ward is being supported by H40.

- **Ward H7** - Vascular Surgery has 4.25 wte RN vacancies (12.4%). 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.
- **Ward C9** - Elective Orthopaedic Surgery has 3.88 wte RN and 2.1wte non-registered nurse vacancies (19.2%) There are currently 6 orthopaedic beds closed on C9 to support the number of nursing vacancies. These beds are flexed to minimise the impact on elective activity.
- **Ward C10** - Elective Colorectal Surgery has 4.77 wte RN and 0.66 wte non-registered nurse vacancies (20.5%). The nursing staff are flexed between C10 and C11.

## 6. **TWICE YEARLY REVIEW OF NURSING AND MIDWIFERY (N&M) ESTABLISHMENTS**

The National Quality Board guidance requires trusts to review N&M establishments a minimum of twice a year in order to ensure that these are appropriate and relevant to meet the current needs/acuity of patients. This was last undertaken in October 2016. The process is undertaken by senior nurses and midwives alongside sisters, charge nurses and heads of finance. The guidance requires trusts to use a validated establishment tool, where available, alongside professional judgement in determining required establishments.

This work has commenced and it was hoped to be able to present the results in this report. However, thus far, the work has identified the following issues that need resolving before concluding:

- The need for consistency in terms of how the uplift for annual leave, sickness and study leave are allocated and treated
- The need for consistency with how annual leave and bank holiday entitlement are calculated and allocated
- What is incorporated within each wards budgets as some of these are not immediately clear
- The reviews have also identified some inaccuracies in terms of how the acuity (patient dependency tools) are applied in some wards

This work will be concluded for the next report.

## 7. **FOCUS ON NURSING AND MIDWIFERY SICKNESS LEVELS**

The Trust Board is aware of the of the focused work the Chief Nurse is undertaking with the health group Nurse Directors in relation to N&M sickness levels. To date, this is showing the following:

## 7.1 Surgery Health Group

The table below is a summary report on the Nursing Sickness Levels for March 2017.

<b>Surgery Health Group Nursing &amp; Midwifery  Mar - 2017</b>	<b>Health Care Assistants &amp; Other Support Staff</b>	<b>Nursing, Midwifery &amp; Health Visiting Staff</b>
<b>Target %</b>	<b>3.90%</b>	<b>3.90%</b>
<b>% Sickness</b>	<b>5.85%</b>	<b>4.94%</b>
<b>% Long Term</b>	<b>4.05%</b>	<b>3.27%</b>
<b>% Short Term</b>	<b>1.80%</b>	<b>1.67%</b>
<b>No. Sickness Hearings</b>	<b>4</b>	<b>1</b>
<b>Of which resulted in dismissal</b>	<b>2</b>	<b>0</b>

The main issue for the Health Group relates to Long-term [>4 weeks] certificated sickness. The Health Group has taken a number of actions to address the management of attendance including:

- Weekly Sickness review per ward and department with Senior Matron and HR advisor
- Senior Matron for Staffing & Discharge Rota
- All Nurses on Long-term sick have been reviewed in line with the Trust attendance policy  
Review complete of all Nursing staff currently on the policy
- Action to ensure all staff have a referral to Occupational Health
- Confirmation at Sister / Charge Nurse Level of assurance of managing attendance as per policy

As a result of the actions taken there are scheduled a further 4 sickness hearings planned for April – May 2017.

## 7.2 Medicine Health Group

<b>Medicine Health Group Nursing &amp; Midwifery  Mar - 2017</b>	<b>Health Care Assistants &amp; Other Support Staff</b>	<b>Nursing, Midwifery &amp; Health Visiting Staff</b>
<b>Target %</b>	<b>3.90%</b>	<b>3.90%</b>
<b>% Sickness</b>	<b>4.77%</b>	<b>4.16%</b>
<b>% Long Term</b>	<b>2.09%</b>	<b>2.53%</b>
<b>% Short Term</b>	<b>2.68%</b>	<b>1.63%</b>
<b>No. Sickness Hearings</b>	<b>2</b>	<b>4</b>
<b>Of which resulted in dismissal</b>	<b>2</b>	<b>1</b>

Within the Medicine Health Group, there is a discussion on a monthly basis with a Senior Sister and HR Advisor to go through all HR KPI's, including attendance rates for each of their members of staff. This is kept on an action plan and actions followed



up with the Sisters accordingly each month. This action plan also contains a rolling month on month attendance level for their area so that they can assess their performance and whether this is improving or not. The HR Advisors also review individuals with the managers to ensure staff are appropriately managed on the Managing Attendance Policy.

The Health Group is working with Occupational Health to ensure joint meetings take place which include Senior Matrons, to advise on the best way of managing an individual from both a HR and Occupational Health perspective to ensure joined up working and consistent application of the Managing Attendance Policy. These will take place monthly.

### 7.3 Family and Women's Health Group

<b>Family &amp; Women's Health Group Nursing &amp; Midwifery  Mar - 2017</b>	<b>Health Care Assistants &amp; Other Support Staff</b>	<b>Nursing, Midwifery &amp; Health Visiting Staff</b>
<b>Target %</b>	<b>3.90%</b>	<b>3.90%</b>
<b>% Sickness</b>	<b>4.10%</b>	<b>4.92%</b>
<b>% Long Term</b>	<b>2.62%</b>	<b>3.37%</b>
<b>% Short Term</b>	<b>1.48%</b>	<b>1.24%</b>
<b>No. Sickness Hearings</b>	<b>1</b>	<b>0</b>
<b>Of which resulted in dismissal</b>	<b>1</b>	<b>0</b>

In order to improve the robustness of sickness absence management, the Senior Matrons are attending the monthly departmental reviews with HR and Occupational Health. This will provide additional scrutiny and challenge to the current processes at departmental level. The Senior Matrons are also reviewing historical management, along with the HR Business partner for the Health Group, of staff who have been managed on the Managing Attendance Policy for some time, to ensure effective and robust management is in place.

### 7.4 Clinical Support Health Group

<b>Clinical Support Health Group Nursing &amp; Midwifery  Mar - 2017</b>	<b>Health Care Assistants &amp; Other Support Staff</b>	<b>Nursing, Midwifery &amp; Health Visiting Staff</b>
<b>Target %</b>	<b>3.90%</b>	<b>3.90%</b>
<b>% Sickness</b>	<b>6.05%</b>	<b>3.32%</b>
<b>% Long Term</b>	<b>4.01%</b>	<b>1.78%</b>
<b>% Short Term</b>	<b>2.04%</b>	<b>1.54%</b>
<b>No. Sickness Hearings</b>	<b>5</b>	<b>0</b>
<b>Of which resulted in dismissal</b>	<b>4</b>	<b>0</b>

All staff members, Registered and non-registered are being closely monitored and managed appropriately using the Trusts' sickness and absence policy. Staff sickness is taken seriously and Sisters are supported to manage staff members efficiently and effectively.

### **7.5 Trust Wide**

The Band 7 ward sister/charge nurses are all enrolled on the corporate training programme where additional training for the management of attendance is planned. This will include in depth training and understanding of the policy and training on how to write effective referrals to the Occupational Health department and effective management cases where escalation to panel is planned.

A corporate training programme is currently under development for the Senior Matrons who will learn skills in the preparation and hearing of disciplinary cases for the Management of Sickness Absence.

The departmental managers are to be monitored on the completion of 'return to work interviews and the options to add this into the e-roster are being explored.

The reporting of sickness absence out of hours has been agreed at a senior level and will now be reported through the Site Matron for a trial period. It is hoped that this will add a level of challenge and seniority to the management of absence out of hours.

## **8. 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.

## **9. RECOMMENDATION**

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**  
**April 2017**

**Appendix 1: HEY Safer Staffing Report – March 2017**

