

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	4 th July 2017	Reference Number	2017 – 5 – 9			
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.					

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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 June 2017 (April 2017 position), which included the latest revision to nursing and midwifery establishments.

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 31st May 2017 and confirms ongoing 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 appendix now includes some of the new metrics from Lord Carter’s Model Hospital dashboard. 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.

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

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

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%
Apr-17	85.20%	97.61%	89.15%	102.19%
May-17	83.70%	94.20%	89.20%	102.60%

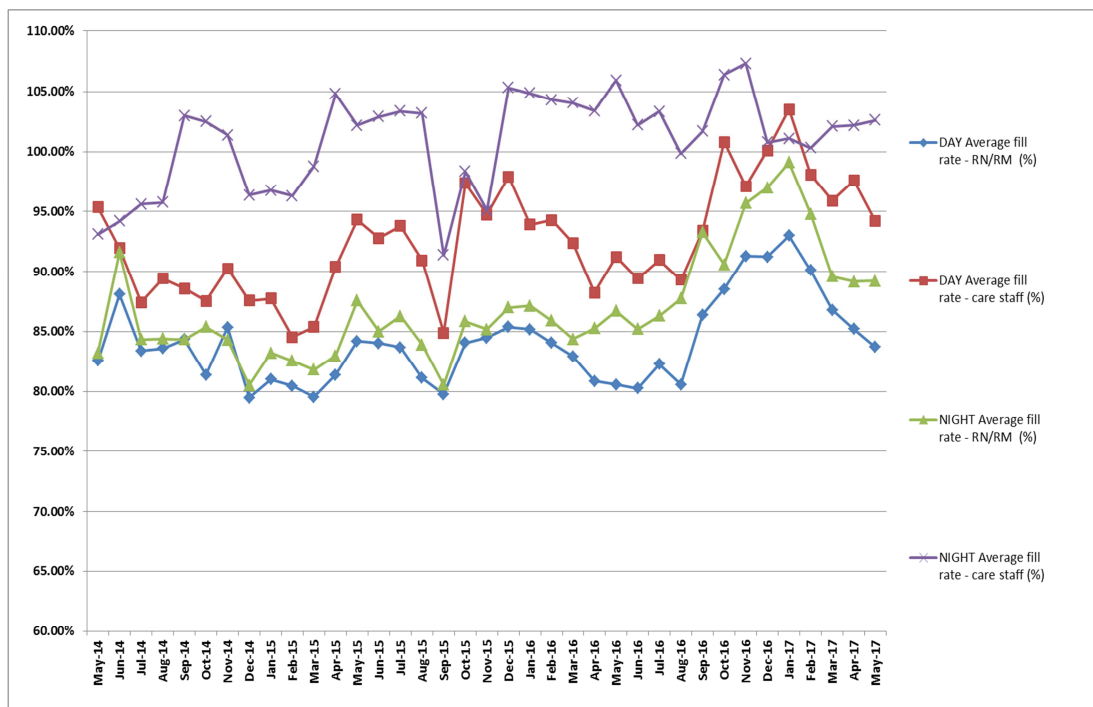
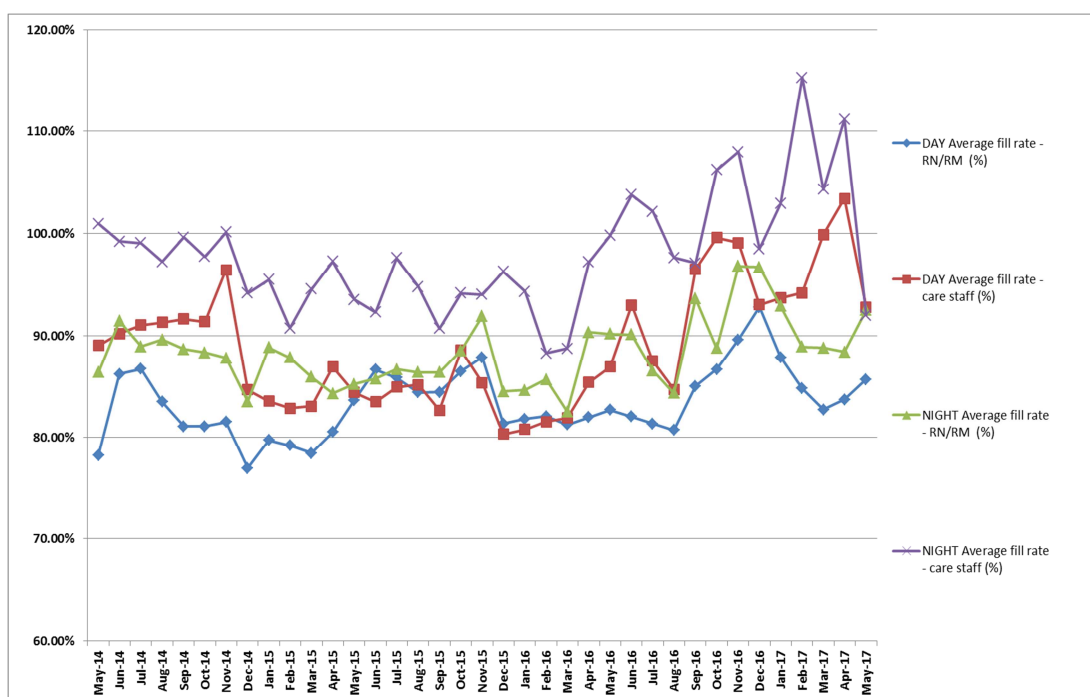


Fig 2: Castle Hill Hospital

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%
Apr-17	83.71%	103.40%	88.41%	111.16%
May-17	85.70%	92.80%	92.50%	92.00%



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

- In-patient nursing vacancy rates, which have increased by circa. 30 vacancies from the previous month. The reasons for these are being looked into, although there does not appear to be anything obvious or of exception to note.
- There is also some compensation with non-registered staff being recruited to help fill RN vacancy gaps.

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.

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 the 24th April. Work continues to ensure that all staff are competent in using the new system and this process monitored closely by the nurse directors and matrons.

Incorporated into the census data collected through SafeCare are a number of 'Nursing Red Flags' as determined by the National Institute of Health and Clinical Excellence (NICE) (2014).⁴

Essentially, 'Red Flags' are intended to record a delay/omission in care, a 25% shortfall in Registered Nurse Hours or less than 2 x RN's present on a ward during any shift. They are designed to support the nurse in charge of the shift to assess systematically that the available nursing staff for each shift or at least each 24-hour period is adequate to meet the actual nursing needs of patients on that ward.

When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, also, which provides an audit trail. Actions may include the allocation or redeployment of additional nursing staff to the ward. These issues are addressed at each safety brief.

In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

The 'red flags' suggested by NICE, are:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:

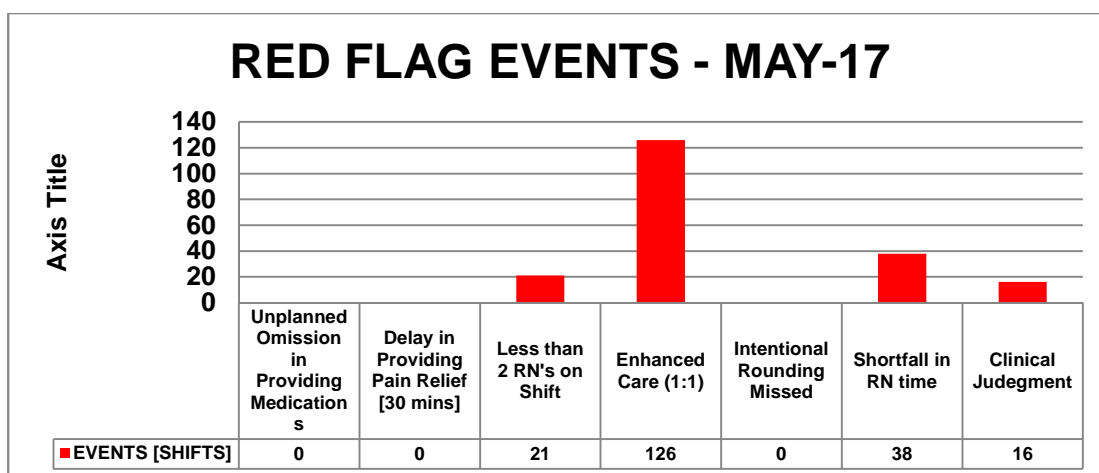
⁴ NICE 2014 - Safe staffing for nursing in adult inpatient wards in acute hospitals

- Pain: asking patients to describe their level of pain level using the local pain assessment tool.
- Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
- Placement: making sure that the items a patient needs are within easy reach.
- Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

The following table illustrates the number of Red Flags identified during May 2017. The Trust is not yet able to collect data on all of these categories as the systems required to capture them are not yet available, e.g. e-prescribing is required in order to be able to collect the information relating to medication administration delays and omissions. This is accepted by the National Quality Board. In addition, work is required to ensure that any mitigation is recorded accurately, following professional review. The sophistication of this will be developed over time.

In addition to the NICE categories, this Trust also records the numbers of occasions when extra staff are required over and above normal establishment levels. This is for occasions when patients require 1:1 close supervision or another type of enhanced care. This includes patients that may be confused, agitated, prone to wandering or falling, etc. This is the 'Enhanced Care' category.

May-17	RED FLAG TYPE	EVENTS [SHIFTS]	%
	Unplanned Omission in Providing Medications	0	0%
	Delay in Providing Pain Relief [30 mins]	0	0%
	Less than 2 RN's on Shift	21	10%
	Enhanced Care (1:1)	126	63%
	Intentional Rounding Missed	0	0%
	Shortfall in RN time	38	19%
	Clinical Judgement	16	8%
TOTAL:		201	100%



From the perspective of the Red Flag relating to fewer than 2 RN's on a particular shift, these were concerns that were raised and recorded prior to the shift commencing (usually due to short term staff sickness). However, all of these were

resolved by the re-deployment of staff from other areas to ensure a minimum of 2 Registered Nurses at all times.

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

- **Emergency Department - Registered Nurse Staffing**
The department continues with the recruitment drive. Attendance at the recent Nursing Times recruitment event was successful in recruiting external candidates. ED has 15.30wte vacancies, currently. There continues to be a steady flow of recruitment with a further 4.0wte being pursued who are external to the Trust. This is a slightly improved position in Registered Nurses in post, although it is recognised there is still a significant vacancy factor. There is additional concern as the summer holiday period commences. However, work will continue with the nurse bank to support with unregistered nurses. 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. As such, the department is safe.
- **Acute Medical Unit**
Currently, the unit has 9.62wte vacancies with a further 5.0wte on maternity leave. The unit has successfully recruited 3.0wte and has 7 newly qualified nurses allocated to commence in September 2017.
- **Medical Elderly Wards**
There are currently 19.29wte vacancies with an expected 8wte newly qualified nurses commencing in September. A focused recruitment strategy is being developed to help address the remaining shortfall.
- **H11 - Stroke/Neurology**
Currently, this ward has 9.59wte vacancies with a further recruitment drive in place. These vacancies are being covered, in the main, by staff working additional hours. Nutritional apprentices will be recruited in July to support the qualified nurses in providing direct patient care. Two newly qualified nurses have been allocated to commence employment in September 2017.
- **H110 - Stroke Ward**
The Stroke ward has 1.48wte vacancies with a further 2 nurses leaving in July. This will leave a significant shortfall within the service. The recruitment team has been asked to provide support with a further recruitment drive and the nurse bank has been notified of additional support needed, if possible. All senior nurses within the team are providing additional support on the ward and are rostered into the care delivery numbers. All staff are receiving exit interviews. Two newly qualified nurses are expected to start employment on H110 in September.
- **H70 - Diabetes and Endocrine**
There are 10.49wte registered nurse vacancies on H70. Ward 70 is currently being supported by cardiology, surgery, family and women's health and clinical support. The nurse bank supports, also. The recruitment team has been asked to provide support with a further recruitment drive for this area.
- **H500 - Respiratory**
This ward has 4.13wte RN vacancies and there are 4 newly registered nurses allocated to commence in September.

- Ward C16 - ENT, Plastics and Breast Surgery**
 This ward has 4.12wte RN vacancies and 1.22wte non-registered vacancies at present. The RN vacancies are out to advert and it is encouraging to see that there are external candidates amongst the applicants. It is anticipated that this will allow full recruitment by September 2017. In order to support the Ward, short term plans have been agreed to provide temporary cover to support the Registered Nurse establishment, with a view to limiting the Agency costs to the service.
- Neonatal Intensive Care Unit (NICU).**
 Recruitment in this specialty has been a concern previously, and there are currently 6.5wte RN vacancies. However, all of these posts have been recruited to, and the staff will join the Trust in September 2017, following completion of their training. In the short term, the Senior Matron is working closely with the teams to flex staff across all paediatric inpatient and outpatient areas according to patient need. The Health Group is looking at ways in which the Trust can improve the retention of the staff in this specialty.
- Ward H4 - Neurosurgery**
 This ward has 4.76wte RN and 2.71wte non-registered nurse vacancies. The ward is being supported by H40 staff.
- Ward H7 - Vascular Surgery**
 This ward has 4.52wte RN vacancies. This group of patients often requires specialist dressings, which increases the acuity and care needs of the patients there. Staff are supporting from other wards within the Health group.
- Ward C9 - Elective Orthopaedic Surgery**
 This ward has 4.65wte RN and 2.06wte non-registered nurse vacancies. 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**
 This ward has 4.41wte registered nurse vacancies and 2.06wte non-registered nurse vacancies. There are currently 4 beds closed on C10 and 4 beds closed on C11 to support staffing across the organisation. This has not resulted in the cancellation of any elective procedures in relation to lack of ward capacity.

5. FOCUS ON NURSING AND MIDWIFERY SICKNESS LEVELS

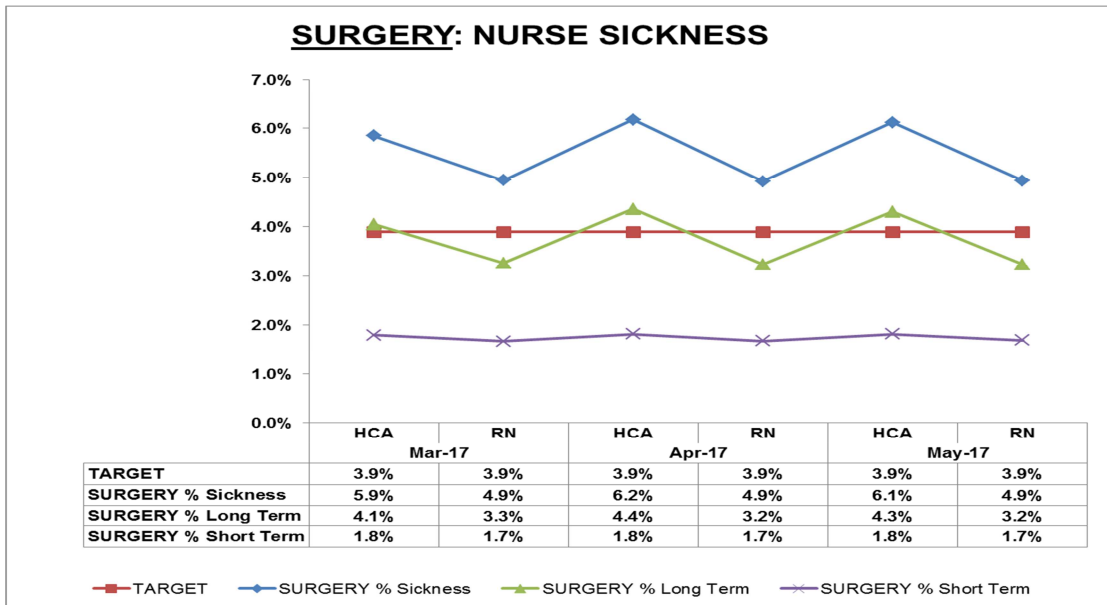
The Trust Board is aware of the of the focused work the Chief Nurse is undertaking with the health group Nurse Directors in relation to N&M sickness levels. After this month, it is proposed to provide an update on the sickness review work on a quarterly basis thereafter.

5.1 Surgery Health Group

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 reviews, by ward and department, with a Senior Matron and HR advisor.
- Senior Matron for Staffing & Discharge – a daily Matron rota is in place to oversee all staffing and complex patient discharge matters

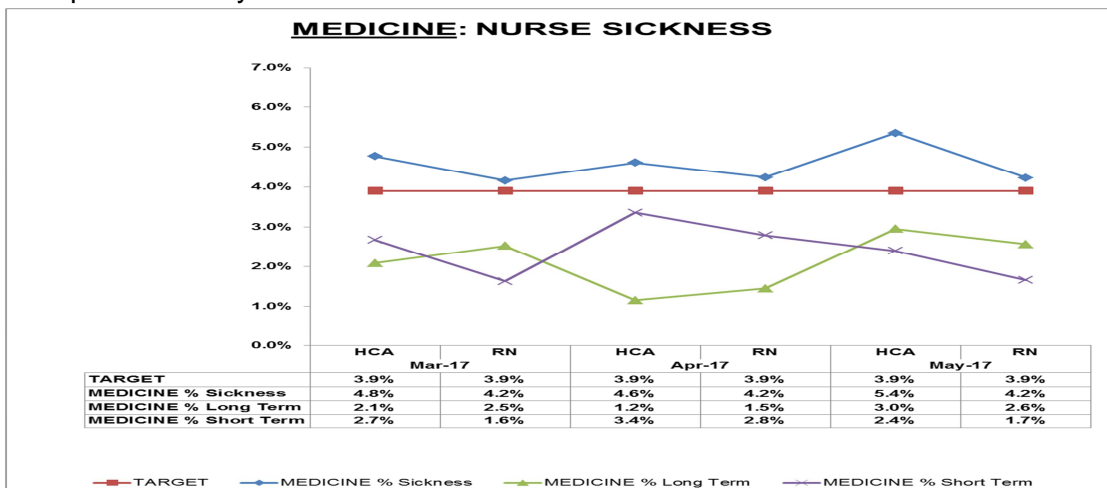
- All Nurses on Long-term sick leave have been reviewed in line with the Trust's attendance policy
- Action has been taken to ensure that all staff have a referral to Occupational Health, where necessary.
- Assurance has been sought that Sisters and Charge Nurses are managing attendance as per the Trust's policy
- As a result of the actions taken there are scheduled a further 3 sickness hearings planned for June and July 2017.



5.2 Medicine Health Group

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



5.5 Trust Wide

The Band 7 ward sister/charge nurses are all enrolled on the corporate leadership development programme, where additional training for the management of attendance is being provided. This includes in-depth training and understanding of the policy and training on how to write effective referrals to the Occupational Health department and, also, the effective management of cases where escalation to a decision panel is required.

A corporate training programme is under development for the Senior Matrons to 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 to record that it has taken place 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, which is due to commence on the 1st July 2017. It is hoped that this will add a level of challenge and seniority to the management of absence out of hours.

6. SUMMARY

Nursing and midwifery establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis and in a way that balances the risks across the organisation via the safety brief. The challenges remain around recruitment and risks remain in terms of the available supply of registered nurses. However, recruitment efforts continue wherever possible.

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
July 2017

Appendix 1: HEY Safer Staffing Report – May 2017

