

TRUST BOARD MEETING - PUBLIC
Meeting held on Wednesday 5th October 2016

Title of Report:	Report on Safe Nurse Staffing	
Sponsoring Director:	Michelle Norton, Director of Nursing	
Author(s):	Dilly Wilkinson, Deputy Director of Nursing	
Background Paper(s):		
Assurance Framework Link(s):	2.2.1; 2.3.1; 5.1.1:	
CQC Link(s):	18;9;10:	
Corporate Objective(s) supported by this paper:- (please tick)	Patient care/Experience ✓	Service Development/ Stakeholders ✓
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
Legal Implication(s):	Legal claims reduced as quality and safety improved.	
Resource Implication(s):	Use of bank and agency staff due to vacancies.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients equally	
Patient and/or Public Involvement:	Members Advocacy Panel (MAP) and Patients Advisory Forum (PAF) visits and audits are supported and responded to appropriately.	
Purpose of Report:	To provide the board with an update on nurse staffing at George Eliot Hospital.	
Report Summary:	<ul style="list-style-type: none"> • This report reviews the staffing for August 2016 and confirms that the daily escalation remains in place. • 6 red shifts during which were reported as being below the Trust's safe staffing expectations. No harms were reported during any of these shifts. • Monthly national submissions of staffing levels continues to be published on the NHS Choices website and include care contact hours (CHPPD) 	
Recommendation(s):	<ul style="list-style-type: none"> • The Board is asked to accept the most recent safe staffing report and note escalation in place. 	
Acronyms and Abbreviations	WTE Whole time equivalent HCA Healthcare Assistant GEH George Eliot Hospital CHPPD Care Hours Per Patient Day	

Safe Nurse Staffing Report 5th October 2016

1.0 Current Position

This report to Board of Directors includes the monthly update of the safer nurse staffing levels and the submission of the data to be uploaded nationally and published on the NHS Choices website.

Table 1 shows Red shift performance for August (1st – 31st)

WARD	Budgeted (registered)	Budgeted (unregistered)	Active Vacancy (registered)	Active Vacancy (unregistered)
Adam Bede	15.60	10.00	1.41	1.96
Alexandra	17.90	9.30	1.29	+2.01
AMU	37.70	21.30	8.39	+0.04
Bob Jakin	15.60	10.00	4.33	+0.97
CCU	13.90	0.00	0.06	0
Elizabeth	20.10	11.80	5.14	0.16
Felix Holt	14.00	11.80	5.20	2.35
Melly	18.30	11.30	3.04	0.68
Nason	17.90	18.30	4.53	1.00
Victoria	17.10	11.30	3.77	0.34
Mary Garth	16	10	7.06	0.70
Total vacancies	188.10	108.10	44.22	4.17
ITU	42.07	1.40		0.0
A&E	32.68	8.90	4	0
Maternity				
Delivery/ Drayton	76.2	14.12	4.95	0.2
SCBU	20.56	2.97	0.5	0.53
Theatres				
Theatres			0	

1.1 Red shifts

In August there were 6 red shifts, where the staffing available did not meet our safe staffing requirements. The shifts were one early shift, two late shifts and three night shifts. They occurred on Melly, AMU, A&E, Nason and Victoria wards. Each shift was released to Thornbury for emergency temporary staffing but they did not fill the shift. No harms have been reported during any of the shifts. In August there were 75 shifts covered by Thornbury, which is very expensive off framework agency that is only used in extreme situations.

Other potential red shifts were mitigated by the matrons reviewing all the other areas for staffing options and where staff could be redeployed they were.

1.2 Vacancies

Reporting of vacancies as in table 1 is against 2015/16 budgets. In month our vacancy rate has increased in registered nurses by 7.56 to 44.22 WTE. This is a continuing cause for concern but is being mitigated through a number of actions including:

- Monthly registered nurse recruitment days.
- Fortnightly meetings with the matrons and NHSP team by the Director of HR and Deputy Director of Nursing to examine temporary staffing and delivery of the agency cap targets.

- Internal campaign to get staff and agency workers to join our bank so that they get access to the best rates whilst working additional hours and we maintain our safe staffing numbers whilst reducing the agency use.
- International recruitment programme that will bring 50 plus registered nurses to the organisation in the next 6-9 months depending on their progress with the IELTS assessment (English language test).
- 6 monthly ward based acuity studies.
- An abbreviated preceptor programme for those returning to work in the acute environment after a period of working outside the acute trust such as within nursing homes or the community.
- Collection of exit interviews so that we can learn from the reasons that staff choose to leave and can incorporate this into our retention strategy.
- The e-rostering project is nearing completion of its rollout with only maternity and theatres still to implement the system. Work continues to link the system to NHSP so that temporary workers can be directly booked and a series of KPIs are being developed to ensure that all benefits are seen.

Table 2 shows vacancies by month.

	April	May	June	July	August
Wards	37.72	36.85	38.84	36.66	44.22

2.0 Unify data reporting

As part of the National safer staffing data (appendix 1) that is reported monthly through our Unify submission the Trust has commenced format reporting of care hours per patient day (CHPPD). Appendix 2 shows the CHPPD data as nationally uploaded both for June and July to allow comparison.

This measure has been developed nationally as a single means of measuring nurse staffing deployment and describes the nursing staff required against the staff available in relation to the number of patients. The measure shows the areas where more intensive nursing or midwifery care is in place such as ITU or labour suite.

The numbers as reported are used so that a national comparison can be made. Internally the data when compared month on month will give us a view of the average care hours provided across the Trust. This is shown in table 3.

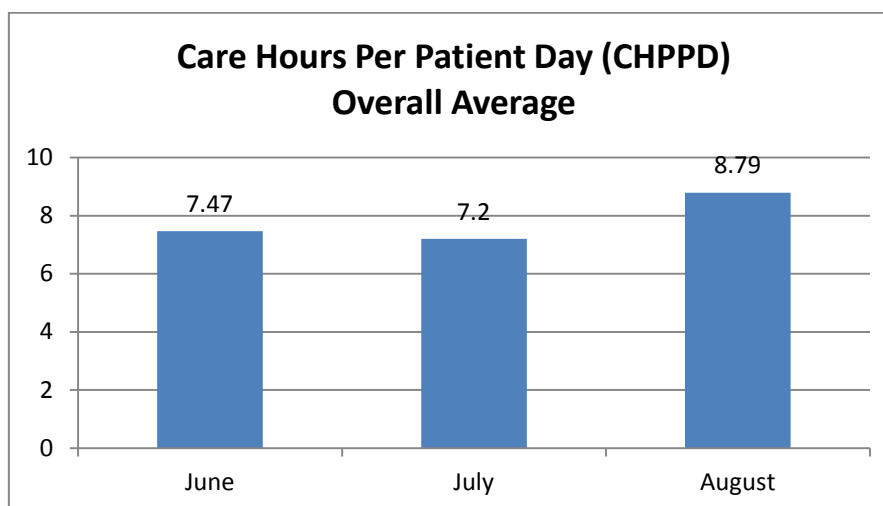


Table 3: Care Hours Per Patient Day (CHPPD) Overall Average

3.0 Newly Qualified Nurses

In September 2016 we have welcomed 7 newly qualified nurses of whom 6 were from Coventry University. We are expecting a further 9 in October (8 from Coventry University) who will include 2 children's trained nurses for CAU and 2 ODPs for Theatres. The majority of these were students at the Trust and have been supported by the practice development team during their training. Their positive experience of the organisation during their training encourages them to apply to the Trust for their first job. This reflects positively not only on the support offered to student nurses during their training but also the reputation of our preceptor programme. Newly qualified nurses are brought together as a group for 3 study days during the first month of their employment to ensure they have the training requirement to achieve their preceptor programme but also to develop a group support mechanism which has been shown to improve retention of newly qualified nurses and ODPs.

In 2016 we have made particular efforts to keep in touch with the students who have been appointed to the Trust through social media contact, 1 to 1 contact and a group tea party to celebrate their appointment to the Trust. This has been a focus as in previous years we have found that students apply to a number of local trusts and may choose to start at one of the other Trusts if they feel more supported there. This year so far we have managed to start all of the newly qualified nurses appointed which is a testament to the efforts of our practice development team.

4.0 Conclusion

The Board is asked to acknowledge the on-going daily management of the nursing teams to maintain safe staffing levels, the excellent outcome of the focused attention onto the newly qualified nurses and the on-going work to recruit and retain nurses. All escalation remains in place.

Appendix 1 - Data uploaded nationally and published on NHS Choices

Ward name	Day			Night		
	Average fill rate - registered nurses/midwives (%)	July Average fill rate - care staff (%)	August Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	July Average fill rate - care staff (%)	August Average fill rate - care staff (%)
Alexandra	98.6%	99.4%	117.4%	98.9%	121.7%	100.0%
Victoria	92.7%	98.7%	118.3%	102.2%	103.2%	112.9%
Nason	95.4%	94.0%	98.2%	103.2%	91.9%	103.2%
ITU	83.5%	-	-	85.8%	-	-
Adam Bede	97.3%	110.3%	108.9%	100.0%	127.4%	108.1%
Elizabeth	91.2%	106.5%	116.1%	100.0%	95.2%	100.0%
Bob Jakin	102.6%	103.2%	102.6%	101.6%	111.3%	109.7%
Melly	94.0%	97.8%	97.3%	101.1%	170.6%	161.3%
Felix Holt	100.0%	97.4%	100.0%	101.6%	96.8%	100.0%
CCU	99.5%	-	-	100.0%	-	-
AMU	100.4%	104.7%	100.3%	101.6%	100.7%	104.5%
Delivery	100.4%	100.0%	103.2%	98.4%	100.0%	100.0%
Drayton	97.2%	89.2%	67.7%	100.0%	96.8%	109.7%
Mary Garth	34.4%	118.5%	50.8%	38.7%	112.9%	54.8%

Appendix 2 shows Care Hours Per Patient Day (CHPPD) August 2016

Ward name	Cumulative count over the month of patients at 23:59 each day in August	Registered midwives/nurses	Care Staff	Overall
Alexandra	824	3.3	2.6	5.8
Victoria	775	2.6	1.6	4.2
Nason	838	3.2	2.8	6.1
ITU	161	22.0	0.0	22.0
Adam Bede	556	3.8	3.3	7.0
Elizabeth	829	3.1	2.5	5.7
Bob Jakin	554	3.5	3.6	7.1
Melly	800	3.3	2.4	5.8
Felix Holt	581	4.1	3.3	7.4
CCU	322	7.8	0.0	7.8
AMU	1268	4.7	3.7	8.5
Delivery	191	17.4	4.5	21.9
Drayton	639	3.6	1.4	5.0