

TRUST BOARD MEETING

Meeting held on Wednesday 2nd November 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 safe staffing for September 2016 and confirms that the daily escalation remains in place. In month there has been 7 red shifts in the main hospital and for the first time 2 red shifts in maternity. No shift had a red flag event as described by NICE guidance. The NICE guidance is included in the report for information. • In month our vacancy rate has increased in registered nurses by 2.89 to 47.11 WTE. This is a continuing cause for concern but is being mitigated through the actions described last month. In October we have successfully recruited 7 WTE band 5 staff nurses. • We continue to monitor the progress of the 71 staff who were offered band 5 posts at the George Eliot a during the recent recruitment event in the Philippines. It is expected that at least 10% will withdraw during the process. Currently we have 3 staff who have withdrawn and of the 68 remaining staff 3 have been assessed as competent to undertake their IELTS. If they are successful we could see staff starting at 	

	<p>George Eliot in February or March 2017.</p> <ul style="list-style-type: none"> • Monthly national submissions of staffing levels continues to be published on the NHS Choices website and include care contact hours (CHPPD) • Acuity studies will be completed in A&E and across all the acute wards in November and these will be used with professional judgement to inform safe staffing levels and budget setting for 2017/18.
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	<p>WTE Whole time equivalent HCA Healthcare Assistant GEH George Eliot Hospital CHPPD Care Hours Per Patient Day NICE National Institute For Health and Care Excellence ILETS International English Language Testing System</p>

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 uploaded nationally and published on the NHS Choices website.

1.1 Red shifts

In September there were 7 red shifts where the staffing available did not meet our safe staffing requirements in the main hospital. For the first time in September there have been 2 red shifts reported in maternity both in delivery suite. During these shifts no patient sustained any harm and the shifts were not designated as having had red flag events.

NICE guidance for safe staffing describes red flag events.

These 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. Regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. This is often referred to as 'intentional rounding' and involves checks on aspects of care such as the following:
 - 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.
- Less than 2 registered nurses present on a ward during any shift
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

The table below shows the occasions where a red shift occurred in September.

Date	Ward	Shift	Comment
2 Sept	Victoria	Late	
4 Sept	Nason	Long day	No agency fill
4 Sept	Victoria	Late	Patient was discharged who was not signed off by the physio in error. Patient came to no harm and physio advice given the next day.
10 Sept	Victoria	Late	1 fall but had special in place.
11 Sept	A&E	Night	Agency nurse booked and confirmed but did not arrive.
12 Sept	Victoria	Late	
24 Sept	AMU	Night	Late sick call and agency were unable to fill.
15 Sept	Delivery suite	Early	1 midwife down but no narrative given.
16 Sept	Delivery suite	Early	Staffing was correct number but acuity was high.

1.2 Vacancies

Table 1 shows vacancies performance for September (1st – 30th)

WARD	Budgeted (registered)	Budgeted (unregistered)	Active Vacancy (registered)	Active Vacancy (unregistered)
Adam Bede	15.60	10.00	2.57	1.96
Alexandra	17.90	9.30	0.29	0.02
AMU	37.70	21.30	11.09	0.96
Bob Jakin	15.60	10.00	3.33	1.84
CCU	13.90	0.00	0.06	0
Elizabeth	20.10	11.80	4.45	0.5
Felix Holt	14.00	11.80	4.61	2.35
Melly	18.30	11.30	0.30	2.35
Nason	17.90	18.30	4.25	0.3
Victoria	17.10	11.30	4.47	0.34
Mary Garth	16	10	7.06	0.70
Total vacancies	188.10	108.10	47.11	8.32
ITU	42.07	1.40		0.0
A&E	32.68	8.90	4.67	0
Maternity				
Delivery/ Drayton	76.2	14.12	1.15	0.2
SCBU	20.56	2.97	2.21	0.53
Theatres				
Theatres			0	

Reporting of vacancies as in table 1 is against 2015/16 budgets. In month our vacancy rate has increased in registered nurses by 2.89 to 47.11 WTE. This is a continuing cause for concern but is being mitigated through the actions described last month. In October we have successfully recruited 7 WTE band 5 staff nurses. 2 nurses who attended the recruitment day but were not willing or available for regular ward shift patterns have joined NHSP as bank workers so will also contribute to our safe staffing.

Table 2 shows vacancies by month.

	April	May	June	July	August	September
Wards	37.72	36.85	38.84	36.66	44.22	47.11

2.0 Unify data reporting

The National safer staffing data (appendix 1) and Care hours per patient (appendix 2) have been successfully reported through our Unify submission.

Appendix 1 shows the fill rate for wards across the organisation. The measure includes all staff on duty. Where the percentage is above 100% this is due to 'specialling'. 'Specialling' is the use of additional staff to support patients who require further care and supervision due to the risk of falling or wandering caused by their behavioural state rather than their acute condition. The table includes a comparison of HCA fill rate between August and September and although there are still some areas that are above 100% fill. This is lower than was seen in August, due to additional members of the enhanced care team now being in post

and undertaking the specialising role. Previously specialising has been one nurse to one patient but the enhanced care team are able where appropriate to supervise a bay rather than one to one. This is possible when the Matron's assessment of patient need identifies wider supervision to be needed rather than supervision to be at arm's length.

Appendix 2 shows care hours per patient day (CHPPD). This measure was added to the safer staffing data in April 2016 as a measure to understand the time available to patients across the NHS. The expected hours for a high care area such as ICU or delivery suite are greater than those on a medical or surgical ward due to the nature of the patient's acuity and dependency. The range for our wards is between 5.7 and 8.4 hours. The average is 6.4 hours. Further work is required to benchmark the CHPPD and this will be reported to the board when available.

3.0 International Recruitment

We continue to monitor the progress of the 71 staff who were offered band 5 posts at the George Eliot during the recent recruitment event in the Philippines. It is expected that at least 10% will withdraw during the process which is why we have recruited above our vacancy numbers.

A monthly update is received on the progress of the staff who have to achieve their International English Language Testing system assessment (IELTS) prior to being able to apply for their visa and travelling to England to start work. ID Medical find that once the staff member has passed their IELTS they will be available to travel in 3 months and they will start with us immediately.

Currently we have 3 staff who have withdrawn and of the 68 remaining staff 3 have been assessed as competent to undertake their IELTS. If they are successful we could see staff starting at George Eliot in February or March 2017.

4.0 Acuity Study

In October the A&E staff are undertaking an acuity study using a nationally recognised accredited tool developed specifically for A&E departments. This will help the senior nursing team to ensure that the safe level of staffing is in place in the department for the number and acuity of patients seen. Whilst in November the ward staff across the Trust will be undertaking the Safer Nurse Staffing assessment which is undertaken twice a year and will be used to inform the safer staffing levels going forward. Both will be used with professional judgement to inform the budget setting process for 2017/18.

5.0 Conclusion

The Board is asked to acknowledge the on-going daily management of the nursing teams to maintain safe staffing levels, the on-going work to recruit and retain nurses and the programme to bring qualified nurses to the Trust from the Philippines. 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 (%)	August Average fill rate - care staff (%)	Sept Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	August Average fill rate - care staff (%)	Sept Average fill rate - care staff (%)
Alexandra	98.6%	117.4%	98.6%	98.9%	100.0%	118.0%
Victoria	92.7%	118.3%	95.7%	102.2%	112.9%	110.7%
Nason	95.4%	98.2%	93.3%	103.2%	103.2%	100.0%
ITU	83.5%	-	80.7%	85.8%	-	-
Adam Bede	97.3%	108.9%	107.8%	100.0%	108.1%	100.0%
Elizabeth	91.2%	116.1%	94.8%	100.0%	100.0%	109.3%
Bob Jakin	102.6%	102.6%	100.7%	101.6%	109.7%	108.7%
Melly	94.0%	97.3%	93.8%	101.1%	161.3%	93.9%
Felix Holt	100.0%	100.0%	96.7%	101.6%	100.0%	108.7%
CCU	99.5%	-	98.3%	100.0%	-	-
AMU	100.4%	100.3%	101.7%	101.6%	104.5%	105.6%
Delivery	100.4%	103.2%	100.8%	98.4%	100.0%	100.0%
Drayton	97.2%	67.7%	87.6%	100.0%	109.7%	74.4%

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

Ward name	Cumulative count over the month of patients at 23:59 each day in August	Registered midwives/nurses	Care Staff	Overall
Alexandra	810	3.2	2.5	5.7
Victoria	712	3.9	2.3	6.2
Nason	789	3.2	2.9	6.1
ITU	164	19.9	0.0	19.9
Adam Bede	535	4.2	3.1	7.3
Elizabeth	802	3.2	2.4	5.6
Bob Jakin	541	3.4	3.9	7.3
Melly	780	3.3	2.5	5.8
Felix Holt	556	4.1	3.5	7.5
CCU	340	7.1	0.0	7.1
AMU	1260	4.6	3.8	8.4
Delivery	241	13.4	3.4	16.8
Drayton	784	2.6	1.0	3.6