

TRUST BOARD MEETING - PUBLIC

Meeting held on Wednesday 4th January 2017

Title of Report:	Report on Safe Nurse Staffing	
Sponsoring Director:	Michelle Norton, Director of Nursing	
Author(s):	Michelle Norton, Director of Nursing	
Background Paper(s):	A guide to nursing, midwifery and care staffing capacity and capability from National Quality Board July 2016	
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 November 2016 and confirms that the daily escalation remains in place. In month there has been 2 red shifts. 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 remained static at 44.98WTE. • We continue to monitor the progress of the 68 staff, who remain from the recent recruitment event in the Philippines. Currently we have 4 staff, who are ready to take their ILETS in January and if successful we could see them starting March or April 2017. A schedule has been developed for Workforce Development Committee mapping starters. • Monthly national submissions of staffing levels continues to be published on the NHS Choices website and include care contact hours (CHPPD) • Safe staffing meetings with each ward manager and their matron have 	

	been completed in December to support 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 IELTS International English Language Testing System UHCW University Hospitals Coventry & Warwickshire</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 October there were 2 red shifts where the staffing available did not meet our safe staffing requirements in the main hospital. One patient had suffered a fall with no injury sustained. No red flags occurred as defined below.

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 October.

Date	Ward	Comment
22 nd Nov	Victoria	1 HCA down, no agency fill. Fall with no injury occurred
29 th Nov	Nason	1 HCA down on the night, no agency fill, no harms occurred

1.2 Vacancies

Table 1 shows vacancies performance for November 2016

WARD	Budgeted (registered)	Budgeted (unregistered)	Active Vacancy (registered)	Active Vacancy (unregistered)
Adam Bede	15.60	10.00	2.57	+3.00
Alexandra	17.90	9.30	1.48	0.94
AMU	37.70	23.77	14.09	4.20
Bob Jakin	15.60	10.00	3.30	2.44

CCU	13.90	0.00	0.06	0
Elizabeth	20.10	11.80	4.45	0.7
Felix Holt	14.00	11.80	4.60	+0.6
Melly	18.30	11.30	0.30	0.30
Nason	16.90	15.90	4.25	+2.10
Victoria	17.10	11.30	4.77	0.50
Mary Garth	16	10	5.11	+0.4
Total vacancies	203.10	125.17	44.98	2.98
ITU	42.07	1.40	0	0.0
A&E	32.68	8.92	2.57	1.78
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 remained static at 2.13 to 44.98 WTE. The local recruitment events are based on recruiting for values and this ensures that staff are recruited for their fit to the organisation as well as their skills. The local recruitments continues to cover turnover but long term this will only hold the position.

AMU have 14.09WTE registered nurse vacancies which is over 35%. This is compounded by maternity leave and long term sickness. The Director of Nursing has met with the matron and ward manager to ensure that ward is safe and being proactively managed. Currently these vacancies are mitigated by the staffing from Mary Garth ward, an increase of band 6 senior nurses working on night shifts and block booking of temporary workers to ensure continuity.

The team have agreed to undertake a specific recruitment event for AMU staffing early in the new year. They are also looking at specific bespoke support for existing staff, further block booking of bank and agency and the CBU is to consider administrative support for the ward managers on AMU and A&E to reduce pressure and free up clinical time.

Table 2 shows vacancies by month.

	April	May	June	July	August	September	October	November
Wards	37.72	36.85	38.84	36.66	44.22	47.11	44.98	44.98

2.0 Unify data reporting

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

Appendix 1 shows the fill rate for wards across the organisation. In month wards that show higher than 100% fill are Nason, AMU, Bob Jakin and Adam Bede for qualified nurses. All are less than 10% over the planned level and this can be explained by the new preceptors who as newly qualified nurses require additional support and are super-nummery initially. Some areas are above 100% for HCA due to specialising and increased acuity. Melly have a high demand for specialising at night.

Appendix 2 shows care hours per patient day (CHPPD). This is a fairly new measure to understand the time available to patients across the NHS. It is expected that high care area such as ICU or delivery suite have a higher number of hours per patients than a medical or surgical ward due to the nature of the patient's acuity and dependency. The range for our general wards is between 5.9 and 8.7 hours.

3.0 International Recruitment

We continue to monitor the progress of the 68 out of 71 staff who were offered band 5 posts at the George Eliot during the recent recruitment event in the Philippines. Four candidates will take their ILETS in January and if successful, which the assessor they has assessed they will be, they will be ready to travel to us in March or April 2017. A report mapping the expected recruitment timeframes will be provided to Workforce Development Committee.

We have agreed with IDMedical that we will accept groups of up to 10 at any one time so the staff will come in smaller manageable groups. This will give us the opportunity to ensure that they are welcomed, have induction and partnered with their ward team to ensure that they feel supported.

The Band 7 Manager is going to be advertised in January with a view to finding an internal secondment, if possible as this would be an individual who would know the organisation and preferably the local area also. The manager will be responsible not only for ensuring that the staff are working in a safe and happy placement but also that they have their social, housing and wider pastoral needs met.

We already have contacts with the Filipino community lead in Coventry who has agreed to include nurses from George Eliot with the wider community activities as soon as they arrive with us and the Roman Catholic priest so they will have church community to join also.

4.0 Acuity Study

The twice yearly ward acuity study has commenced on the 31st October using the Safer Nurse Staffing tool. Initial results are expected in early December and these will be used with professional judgement and incident data to inform the ward establishments for 2017/18. The results of the acuity study will be included in the next report.

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

November	Day		Night	
Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Adam Bede	109.7%	98.4%	100.0%	108.1%
Alexandra	100.0%	111.6%	100.0%	104.8%
AMU	106.7%	104.6%	107.5%	114.2%
Bob Jakin	101.3%	105.8%	100.0%	117.7%
CCU	100.0%	-	100.0%	-
Delivery Suite	100.0%	101.6%	93.5%	96.8%
Drayton Ward	79.3%	65.6%	90.3%	90.3%
Elizabeth	100.9%	106.5%	100.0%	101.6%
Felix Holt	90.3%	111.0%	98.4%	103.2%
ITU	100.0%	-	100.0%	-
Melly	92.2%	99.5%	100.0%	203.2%
Nason	106.0%	103.2%	98.9%	100.0%
Victoria	99.6%	106.5%	104.3%	180.6%

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

November	Care Hours Per Patient Day (CHPPD)			
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Adam Bede	544	4.2	3.2	7.3
Alexandra	820	3.3	2.5	5.9
AMU	1311	4.9	3.8	8.7
Bob Jakin	537	3.6	3.9	7.5
CCU	353	7.1	0.0	7.1
Delivery Suite	175	18.6	4.8	23.3
Drayton Ward	625	3.1	1.3	4.4
Elizabeth	787	3.5	2.5	6.0
Felix Holt	560	3.9	3.7	7.6
ITU	126	28.0	0.0	28.0
Melly	775	3.4	2.8	6.1
Nason	807	3.5	3.0	6.5
Victoria	736	4.0	2.6	6.6