

**TRUST BOARD MEETING - PUBLIC**  
**Meeting held on Wednesday 1<sup>st</sup> February 2017**

<b>Title of Report:</b>	Report on Safe Nurse Staffing, including bi-annual Acuity	
<b>Sponsoring Director:</b>	Michelle Norton, Director of Nursing	
<b>Author(s):</b>	Dilly Wilkinson, Deputy Director of Nursing	
<b>Background Paper(s):</b>	A guide to nursing, midwifery and care staffing capacity and capability from National Quality Board July 2016	
<b>Assurance Framework Link(s):</b>	2.2.1; 2.3.1; 5.1.1:	
<b>CQC Link(s):</b>	18;9;10:	
<b>Corporate Objective(s) supported by this paper:- (please tick)</b>	Patient care/Experience ✓	Service Development/ Stakeholders ✓
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
<b>Legal Implication(s):</b>	Legal claims reduced as quality and safety improved.	
<b>Resource Implication(s):</b>	Use of bank and agency staff due to vacancies and short term sickness.	
<b>Impact on Health Inequalities including Equality &amp; Human Rights:</b>	Affects all patients equally	
<b>Patient and/or Public Involvement:</b>	Members Advocacy Panel (MAP) and Patients Advisory Forum (PAF) visits and audits are supported and responded to appropriately.	
<b>Purpose of Report:</b>	To provide the board with an update on nurse staffing and acuity at George Eliot Hospital.	
<b>Report Summary:</b>	<ul style="list-style-type: none"> <li>• There have been zero red shifts in December 2016</li> <li>• Vacancies in registered nurses are 43.62 WTE which is a reduction of 1.36 WTE</li> <li>• Unify data successfully submitted in December</li> <li>• International recruitment has 10 candidates taking their IELTS test in January. The trajectory for the first candidates to arrive at George Eliot has been pushed back to May to reflect the difficulties in passing the assessment.</li> <li>• The November acuity study data is included which has been triangulated with current workforce patterns and professional discussions and the findings are included</li> <li>• A&amp;E are struggling to complete their acuity study using the Jones A&amp;E tool due to the pressures being experienced currently</li> <li>• Three other areas are currently undertaking further work to develop</li> </ul>	

	business cases regarding capacity, demand and staffing – These are out patients, endoscopy and day surgery
<b>Recommendation(s):</b>	<ul style="list-style-type: none"> <li>The Board is asked to accept the most recent safe staffing report and note escalation in place.</li> </ul>
<b>Acronyms and Abbreviations</b>	<p>WTE Whole time equivalent  HCA Healthcare Assistant  CHPPD Care Hours Per Patient Day  NICE National Institute For Health and Care Excellence  ILETS International English Language Testing System  AMU Acute Medical Unit  ITU Intensive Therapy Unit  A&amp;E Accident &amp; Emergency Department  CCU Coronary Care Unit  RN Registered Nurse  CBU Clinical Business Unit  OPD Clinical Business Unit  DSU Day Surgery Unit</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 December there were zero red shifts where the staffing available did not meet our safe staffing requirements in the hospital.

### 1.2 Vacancies

Table 1 shows vacancies performance for December 2016

WARD	Budgeted (registered)	Budgeted (unregistered)	Active Vacancy (registered)	Active Vacancy (unregistered)
Adam Bede	15.60	10.00	(1.30)	(1.67)
Alexandra	17.90	9.30	(2.49)	0.42
AMU	37.70	21.30	(10.86)	5.31
Bob Jakin	15.60	10.00	(5.74)	1.44
CCU	13.90	0.00	(0.77)	0
Elizabeth	20.10	11.80	(7.05)	0.40
Felix Holt	14.00	11.80	(0.60)	0.60
Melly	18.30	11.30	(2.04)	(1.70)
Nason	17.90	18.30	(2.53)	(2.10)
Victoria	17.10	11.30	(6.77)	(0.30)
Mary Garth	16	10	(3.47)	(1.24)
<b>Total vacancies</b>	<b>188.10</b>	<b>108.10</b>	<b>(43.62)</b>	<b>0.04</b>
ITU	42.07	1.40	0	0.0
A&E	32.68	8.90	(8.13)	0.68
<b>Maternity</b>				
Delivery/ Drayton	76.2	14.12	1.15	0.2
SCBU	20.56	2.97	1.0	0
<b>Theatres</b>				
Theatres			3	

Reporting of vacancies as in table 1 is against 2015/16 budgets. In month our vacancy rate has decreased in registered nurses by 1.36 to 43.62WTE. This is the largest vacancy number since April 2016 and this is compounded long term sick leave, maternity leave and short term sickness levels. There has been a recruitment event held in October (6), November (7), December (1) and January (4) which has appointed 18 registered nurses.

Table 2 shows vacancies by month.

	April	May	June	July	August	September	October	November	December
<b>Wards</b>	37.72	36.85	38.84	36.66	44.22	47.11	44.98	44.98	43.62

## 2.0 Unify data reporting

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

Appendix 1 shows the fill rate for wards across the organisation. In month, a number of wards that show higher than 100% fill for both registered nurses and healthcare Assistants (HCA). HCA undertake the majority of the enhanced care and additional supervision and support required by patients who have additional needs for whatever reason. On days AMU, Felix and Victoria have used above 100% for HCA which indicates higher acuity for 'specialling' rather than registered nurses. The registered nurse rate is low at 88% on days for Felix Holt ward which has been mitigated by their supernumerary newly qualified nurses and student nurses being present on the ward but they are not reportable as part of the submission. On nights AMU, Bob Jakin, Melly and Victoria used more than 100% also due to 'specialling'.

Appendix 2 shows care hours per patient day (CHPPD). In December the core wards CHPPD hours are between 5.7 to 7.5. Higher levels are seen in AMU, Felix (stroke), ITU and Delivery suite as high care areas. Drayton ward, in maternity has the lowest level at 3.9 hours which reflects the antenatal and postnatal environment and the care requirement of the women on the ward.

### **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. The most recent update has indicated 10 candidates will take their IELTS in January. Due to the very high standard expected and the challenge of passing the first time we have altered the trajectory to expect the first candidates in May 2017.

### **4.0 Acuity Study**

This paper sets out the most recent work to review staffing within the Trust using a NICE endorsed methodology which was undertaken in November 2016.

The National Safer Nurse Staffing Patient Acuity tool is used to assess the acuity and dependency on each ward within the Trust twice a year. Completion of this tool, and triangulating the results against quality measures and professional nursing judgement, provides information to establish whether agreed staffing levels are adequate for each ward's workload.

The review includes those areas included in the study undertaken twice yearly using the Safer Nurse Staffing Tool and as a result excludes A&E and Maternity. The current workforce patterns for the wards are shown in Tables 3. In 2016 a guide to nursing, midwifery and care staffing capacity and capability from National Quality Board was published and this included a number of recommendations including some guidance on the ratio of registered nurses to bed. The guidance describes the ideal ratio in general ward areas to be 1:8 therefore in table 3 there is also the ratio of registered nurse to patients. This does not take into consideration the type of ward, what other staff are available on the shift and what other work is being undertaken on the ward such as ward rounds, multi-disciplinary team meetings and escorts.

The existing workforce patterns show that all wards comply with the 1:8 ratio for early shift, Alexandra, Elizabeth, Melly and Nason are above 1:8 with a 1:9 on the late shift and AMU and CCU are the only areas that achieve 1:8 ratio at night. This information forms part of the discussion that triangulates the acuity study with this other information and professional judgement.

Table 3 shows current workforce patterns and ratio 1:8.

Ward	Beds	Staff type	Early	Late	Night	Beds per qualified nurse		
						Early	Late	Night
Adam Bede	18	RN	3	3	2	6.00	6.00	9.00
		HCA	3	1	2			
Alexandra	28	RN	4	3	3	7.00	9.33	9.33
		HCA	3	2	2			
AMU	42	RN	8	8	6	5.13	5.13	6.83
		HCA	6	6	5			
Bob Jakin	18	RN	3	2	2	6.00	6.00	9.00
		HCA	3	3	3			
CCU	12	RN	3	3	3	4.00	4.00	4.00
		HCA	0	0	0			
Elizabeth	27	RN	4	3	3	6.75	9.00	9.00
		HCA	3	2	2			
Felix Holt	19	RN	4	3	2	4.75	6.33	9.50
		HCA	3	2	2			
Melly	26	RN	4	3	3	6.50	8.67	8.67
		HCA	4	2	1			
Nason	27	RN	4	4	3	7.00	9.33	9.33
		HCA	4	3	2			
Victoria	27	RN	4	4	3	6.75	6.75	9.00
		HCA	3	2	1			
Mary Garth	18	RN	3	3	2	6.00	6.00	9.00
		HCA	3	1	2			

Table 4			November		June	
Ward	Beds Nov/June	Funded WTE	Average WTE	difference	Average WTE	difference
Adam Bede	18/18	27.6	25.41	2.19	28.56	-0.96
Alexandra	28/28	31.2	31.27	-0.07	26.64	4.56
AMU	48/42	67.6	67.64	-0.04	58.27	9.33
Bob Jakin	18/18	27.6	20.45	7.15	15.91	11.69
CCU	12/12	18.1	20.58	-2.48	12.41	5.69
Elizabeth	27/27	33.9	35.96	-2.06	33.32	0.58
Felix Holt	19/19	34.21	27.36	6.85	30.93	3.28
Melly	26/26	31.6	46.24	-14.64	42.96	-11.36
Nason	27/27	31.2	38.47	-7.27	43.85	-12.65
Victoria	27/27	31.2	29.05	2.15	22.26	8.94
Mary Garth	18/18	25.95	Closed	0	24.43	1.52

Table 4 shows the acuity study undertaken in November 2016 compared to June 2016.

#### 4.1 Findings

The acuity study results in Table 4 shows the current findings and the findings from June 2016 to allow comparison. There is no data for Mary Garth ward for November as they were closed for refurbishment until January 2017.

Four wards show a positive position regarding their average WTE requirement when compared to the funded WTE. This might possibly show that there are more staff on this establishment than are required for their roster. However, professional judgement discussions do not support over establishment. The implementation of e-rostering will provide the data required to understand if this is the position and if the staffing establishment can be altered accordingly.

Melly and Nason have shown a short fall in both November and June although the professional discussion has not indicated any concerns from the matron and ward manager regarding safe staffing for Nason. The ward sister and matron for Melly ward have raised their issues during the professional discussion undertaken in December and reflected in the changes included in table 5.

#### 4.2 Professional discussion

In December 2016 the Director of Nursing and Deputy Director of Nursing met with the matron, finance manager and ward manager for each core ward to discuss their current workforce shift pattern, their quality data and their current ward establishment including vacancies, maternity and sick leave. These discussions included understanding if additional staff were being used on such a regular basis that it would be more cost effective to appoint rather than continue to use temporary workers. All changes were agreed in line with the discussions within the CBU and any additional cost already appears in the run rate for year end 2016/17. After the discussion each ward manager and matron signed the paperwork to indicate that they felt the current staffing levels provided staff staffing for their ward.

#### 4.3 Outcomes

Table 5 shows the outcomes of the discussions with each CBU held in December 2016

CBU	Ward	Proposed change	Comments
CBU 1	Adam Bede	Current staffing confirmed	
	Mary Garth	Current staffing confirmed	
	Elizabeth	Current staffing confirmed	
	CCU	Current staffing confirmed	
CBU 2	AMU	Current staffing confirmed	
	A&E/CDU	Current staffing confirmed but acuity study outstanding	Separate tool (Jones tool) to assess acuity in A&E needs to be applied. Staff have completed the training but are struggling due to current high levels of flow to collect accurate data.
CBU 4	Nason	Current staffing confirmed	
	Alexandra	Current staffing confirmed but occasionally an	Agreed to book when required as this is the most

		additional HCA is required for the early due to acuity	cost effective way to meet the acuity needs
	Victoria	One additional HCA on nights every night due to high level of acuity and falls. This has reduced falls from 3 to 4 per month to 0 to 1 and improved patients' verbatim feedback regarding getting buzzers answered in a timely manner and timely pain relief	The additional HCA is in the current run rate so it was agreed to appoint for a more cost effective option
	OPD	Current staffing level not adequate for current activity as clinic activity has increased and extended with no additional resources.	OPD lead nurse, DDON and Matron currently developing a case for additional staffing to reflect additional activity which will be ready by the end of January 2017
CBU 5	Felix		
	Melly	One additional HCA has been used every night due to high level of acuity, need for 'specialling' and for end of life care on the ward.	The additional HCA is in the current run rate so it was agreed to appoint for a more cost effective option
	Bob Jakin	Due to the nature of the needs of the patients on our dementia unit and at the request of the matron and ward manager the ward has reduced the RNs on the late from 3 to 2 and increased the HCA from 3 to 2 on the night shift.	This was agreed as it reflects the needs for the patients and can be achieved within the current budget
CBU 6	ITU	Current staffing confirmed	Staffing flexed to the acuity of the patients within the unit and shared with core wards when the acuity is lower than the rostered staffing level of 5 RNs
	Day surgery	Current staffing confirmed for true DPU activity	DPU is currently developing a business case for permanent staffing for nights and weekends as increased demand is leading to the unit being open more often at night and at the weekends

#### **4.4 Next steps**

The acuity study has raised a number of areas that requires additional work to ensure that the workforce reflects the work requirement and the acuity. These are A&E, OPD, DSU and Endoscopy. In all cases the work to achieve a better understanding of the requirements are underway and will be presented in due course. A&E are struggling to complete the Jones Acuity Study due to the current pressures being experienced in the patient flow. The Matron for CBU 2 has agreed to try to identify a way that an individual could be identified to undertake the acuity study rather than the shift co-ordinator who struggles with capacity to undertake the role and collect the acuity data. Endoscopy will need to review their staffing when the new unit is fully opened as additional lists will be added to their normal working and these will require staffing.

Changes to existing staffing patterns have been agreed for Victoria, Melly and Bob Jakin wards and in all cases the changes are already within the run rate.

#### **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

December	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Adam Bede	105.4%	97.6%	104.8%	96.8%
Alexandra	100.0%	107.7%	97.8%	103.2%
AMU	112.3%	115.3%	111.3%	118.1%
Bob Jakin	100.6%	113.5%	100.0%	127.4%
CCU	99.5%	-	100.0%	-
Delivery Suite	100.8%	100.0%	99.2%	100.0%
Drayton Ward	92.6%	76.3%	100.0%	100.0%
Elizabeth	94.0%	109.7%	100.0%	100.0%
Felix Holt	88.0%	125.2%	101.6%	104.8%
ITU	91.6%	-	91.0%	-
Melly	97.2%	105.4%	102.2%	190.3%
Nason	102.3%	97.7%	103.2%	106.5%
Victoria	100.0%	112.3%	96.8%	196.8%

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

Ward name	Cumulative count over the month of patients at 23:59 each day in December	Registered midwives/nurses	Care Staff	Overall
Adam Bede	555	4.1	2.9	7.0
Alexandra	813	3.3	2.5	5.8
AMU	1370	4.9	4.0	8.8
Bob Jakin	554	3.5	4.1	7.5
CCU	350	7.2	0.0	7.2
Delivery Suite	207	16.2	4.0	20.2
Drayton Ward	818	2.8	1.1	3.9
Elizabeth	813	3.3	2.5	5.7
Felix Holt	266	8.2	8.4	16.6
ITU	191	20.0	0.0	20.0
Melly	777	3.5	2.8	6.3
Nason	815	3.5	2.9	6.4
Victoria	724	4.0	2.8	6.8