

TRUST BOARD MEETING - PUBLIC

Meeting held on 5th April 2017

Title of Report:	Report on Safe Nursing and Midwifery Staffing.	
Sponsoring Director:	Michelle Norton - Director of Nursing	
Author(s):	Martina Morris - Deputy Director of Nursing - interim	
Background Paper(s):	National Quality Board - 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. National Institute for Health and Care Excellence Safe Staffing Guidance. The Francis Report in to the Mid Staffordshire Inquiry. Department of Health Hard Truths report. Nursing and Midwifery Council Guidance.	
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 and absence and sickness.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients equally.	
Patient and/or Public Involvement:	Patient Advisory Forum (PAF) visits and audits and patient feedback.	
Purpose of Report:	To provide the Trust Board with a monthly update on nursing and midwifery staffing at the George Eliot Hospital NHS Trust.	
Report Summary:	<ul style="list-style-type: none"> • This report provides an overview of the nursing and midwifery staffing levels for February 2017. • Daily escalation and response to maintaining safe nursing and midwifery staffing levels remains in place. • The overall Trust fill rate for the February 2017 Safe Staffing return was 97.78%, which represents a marginal increase on the 96.89% fill rate achieved in January 2017. 	

	<ul style="list-style-type: none"> • The average CHPPD rate was 9.1 in February 2017, which demonstrates an increase from 8.4 achieved in January 2017. • No 'red shifts' were reported in February 2017. • No 'red flag events' were reported in February 2017 as defined in the NICE guidance. • The current number of vacancies for Band 5 registered nurses on adult inpatient wards is n=48.67 WTE, which represents a decrease when compared with n=50.49 WTE vacancies reported in February 2017. In terms of the HCA vacancies on adult inpatient wards, the current number is n=15.18 WTE, which represents an increase when compared with n=4.37 WTE vacancies reported in February 2017. In terms of other areas (A&E, ITU, Maternity, SCBU and Theatres), the current number of Band 5 registered nurse/practitioner vacancies is n=19.49 WTE. In addition, there are currently n=1.77 WTE HCA vacancies in these areas. This represents an increase in the registered nurse/practitioner vacancies by n=9.91 WTE and a decrease in the HCA vacancies by n=1.86 WTE when compared with the number reported in February 2017. The Acute Medical Unit (AMU) and Accident and Emergency (A&E) department continue to hold the highest number of Band 5 registered nurse vacancies. • Progress continues to be monitored in regard to the 67 nurses from the Philippines who continue to proceed through the recruitment process. Currently two nurses from this cohort have passed their IELTS test and it is envisaged that they will start working at the Trust in May 2017. Other nurses continue to progress through the assessment process. • The next safe staffing acuity study for the adult inpatient wards is planned during May 2017 and the plan is to include the Accident and Emergency Department in this review.
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the February 2017 safe nursing and midwifery staffing report and note ongoing escalation and actions in place.</p>
<p>Acronyms and Abbreviations</p>	<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 OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides a monthly update on the nursing and midwifery staffing levels for February 2017 and the national submission published on the NHS Choices website. It also includes information in regard to the current registered nursing/practitioner and midwifery Band 5 and Healthcare Assistant (HCA) vacancies and progress with international recruitment.

2.0 Unify national data reporting

The Safe Staffing submission, including the Care Hours Per Patient Day (CHPPD) data, continues to be submitted in line with the national reporting requirement. Please refer to Appendix 1 for a breakdown of the data for each ward and the Trust as a whole.

The overall Trust fill rate for February 2017 was 97.78% which represents a marginal increase on the 96.89% achieved in January 2017. In terms of registered nurses, the overall organisational average fill rate was 98.5% on days and 101.2% on nights. For care staff, the overall organisational average fill rate was 106.3% on days and 107.8% on nights.

The wards with variable average fill rates included:

- AMU – over 110% average fill rate on days and nights for both registered nurses and care staff. This included, 112.3% average fill rate for registered nurses and 114.3% for care staff on days and 115.5% average fill rate for registered nurses and 117.1% for care staff on nights. This remained similar to the data reported in January 2017.
- Bob Jakin – 92.1% average fill rate for care staff on nights.
- Drayton ward – 77.4% average fill rate for care staff on days. This represents a further decrease when compared with the previous month.
- Elizabeth – 90.8% average fill rate for registered nurses and 113.6% for care staff on days. This represents a marginal decrease in the average fill rate for registered nurses and a marginal increase in the average fill rate for care staff when compared with the previous month.
- Felix Holt – 84.7% average fill rate for registered nurses and 120.0% for care staff on days. This represents a marginal decrease in the average fill rate for registered nurses and a marginal increase in the average fill rate of care staff when compared with the previous month.
- ITU – 92.9% average fill rate for registered nurses on days and 93.6% fill rate for registered nurses on nights.
- Mary Garth – 91.9% average fill rate for registered nurses and 116.1% for care staff on days.
- Melly – 100% average fill rate for registered nurses and 152.8% for care staff on nights. The average fill rate for care staff on nights has started to reduce in line with the uplift in the care staff establishment agreed at the last safe staffing acuity review.
- Nason – 108.9% average fill rate for care staff on nights.
- Victoria – 92.1% average fill rate for registered nurses on days and 119.4% average fill rate for care staff on nights. The average fill rate for care staff on nights has started to reduce in line with the uplift in the care staff establishment agreed at the last safe staffing acuity review.
- Mary Garth – 94.0% average fill rate for registered nurses on days.

The elevated average fill rate for care staff reflects the requirements for specialising and increased acuity of patients. The vacancy factor and ability to fill shifts with Bank and Agency staff has also impacted on the average fill rates across these wards.

The CHPPH indicator measures the combined number of hours of care provided to a patient over a 24 hour period by both registered nurses/midwives and care staff. In February 2017, the CHPPD indicator on the GEH inpatient wards ranged between 5.5 – 22.4. This represents an average of 9.1. The clinical areas such as ITU and Delivery Suite have continued to have a higher number of care hours per patient day when compared to other wards due to the nature of the patient's acuity and dependency.

3.0 Red shifts and red flag events

There were no 'red shifts' and 'red flag events' reported in February 2017. Please refer to Appendix 2 for the definition of 'red shifts' and 'red flag events'.

4.0 Vacancies

The latest vacancy data (March 2017) for registered nurses/practitioners and HCAs is outlined in tables 1, 2, 3 and 4 in Appendix 3 of this report. Please note this includes Band 5 registered nurse/practitioner and HCA vacancies only.

The current number of vacancies for Band 5 registered nurses on adult inpatient wards is n=48.67 WTE, which represents a decrease when compared with n=50.49 WTE vacancies reported in February 2017. In terms of the HCA vacancies on adult inpatient wards, the current number is n=15.18 WTE, which represents an increase when compared with n=4.37 WTE vacancies reported in February 2017. This is as a result of an increase in the establishments of HCAs on Bob Jakin, Melly and Victoria wards. In total, n=6.6 Band 5 registered nurse and no HCA posts have been offered in March 2017 across all adult inpatient wards.

In terms of other areas (A&E, ITU, Maternity, SCBU and Theatres), the current number of Band 5 registered nurse/practitioner vacancies is n=19.49 WTE and n=7.8 registered Band 5 nurse/practitioner posts have been offered during March 2017. In addition, there are currently n=1.77 WTE HCA vacancies in these areas and no posts have been offered during March 2017. This represents an increase in the registered nurse/practitioner vacancies by n=9.91 WTE and a decrease in the HCA vacancies by n=1.86 WTE when compared with the number reported in February 2017.

AMU and A&E continue to hold the highest number of Band 5 registered nurse vacancies. To mitigate the associated risks, monthly recruitment events have continued which are based on recruiting for values to ensure that the individuals recruited not only meet the required skill set for the role, but also the values of the organisation. In addition, specific recruitment events continue to be undertaken within the clinical areas which hold a high number of vacancies. Recruitment in to the Trust Bank has continued and the Bank and Agency workforce has continued to be booked to ensure that safe staffing levels are maintained. This is against the backdrop of driving reductions in the use of high cost agency staff in line with the NHS Improvement agency cost control requirements. Furthermore, recruitment in to the Enhanced Care Team has continued, which once fully recruited to, will reduce the need for booking Bank and Agency staff for patients with specialising needs. Recruitment in to the additional HCA posts agreed following the last safe staffing acuity study completed in December 2016 continues.

At the Senior Nursing and Midwifery development session held on the 17th March 2017, the senior and midwifery team discussed what other strategies and actions could be explored in order to improve retention and recruitment of the nursing and midwifery workforce across the Trust. Examples included, rotational posts; clear development and promotional routes; improved training and development opportunities; recognition of the different roles and seniority of the staff within each Banding and the importance of recognition of the emotional

labour and provision of appropriate support. The Workforce Development Committee will continue to maintain overall oversight and progress with actions in regards to staff recruitment and retention.

5.0 International Recruitment

The Trust continues to monitor progress of the 67 nursing staff from the Philippines, who continue to proceed through the recruitment process. The number of candidates who have now successfully passed their IELTS test has reduced to two in March 2017, as one of the candidates reported in the previous report, is subject to having their test results re-marked. It is envisaged that the two candidates who have passed the IELTS test, will commence working at the Trust during May 2017.

The latest statistics related to this cohort of nurses are as follows:

- n=2 nurses have passed the IELTS test. From this number, n=1 nurse has been booked to undertake a Computer Based Training (CBT) and n=1 will need to be booked to undertake this training.
- n=3 nurses have requested for their IELTS tests to be remarked and if successful, could arrive in July 2017.
- n=9 nurses are booked to undertake the IELTS tests (n=7 in March and n=2 in April 2017)
- n=21 nurses are currently subject to an intensive coaching programme.
- n=32 nurses continue to still remain in the 'basic' stage.

In addition, the Trust continues to progress HCAs, who work at the Trust and are qualified nurses overseas, to establish whether they can be encouraged to become registered nurses in the United Kingdom. Six HCAs have been identified and three are definite potentials. One of these HCAs has now passed their IELTS test and CBT and is booked to undertake part two OSCE. The rest of the HCAs would require an adaptation course.

The Trust's International Recruitment Group continues to oversee the progress associated with this work stream. A Band 7 manager and a Band 6 clinical support lead posts, to lead this work stream and provide ongoing support to the nurses once they commence, are currently being approved and advertised. In addition, a Band 4 Human Resources post has been secured to support this work stream and will be advertised in due course.

6.0 Conclusion

The Trust Board is asked to note and support the on-going daily efforts to maintain safe nursing and midwifery staffing levels and progress the recruitment and retention of the nursing and midwifery workforce across the Trust.

Appendix 1

Safe Nursing Staffing data submitted nationally and published on NHS Choices – February 2017 (submitted March 2017)

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialities on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Adam Bede	300 - GENERAL MEDICINE		1260	1305	840	847.5	672	672	672	708	103.6%	100.9%	100.0%	105.4%	501	3.9	3.1	7.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1470	1492.5	1050	1117.5	1008	1020	672	684	101.5%	106.4%	101.2%	101.8%	763	3.3	2.4	5.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3360	3772.5	2520	2880	2016	2328	1680	1968	112.3%	114.3%	115.5%	117.1%	1291	4.7	3.8	8.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1050	1050	1050	1147.5	672	672	912	840	100.0%	109.3%	100.0%	92.1%	503	3.4	4.0	7.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1260	1260	0	0	1008	1008	0	0	100.0%	-	100.0%	-	338	6.7	0.0	6.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1680	1680	420	435	1344	1332	336	336	100.0%	103.6%	99.1%	100.0%	149	20.2	5.2	25.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1470	1417.5	630	487.5	672	672	336	336	96.4%	77.4%	100.0%	100.0%	533	3.9	1.5	5.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1470	1335	1050	1192.5	1008	1008	672	672	90.8%	113.6%	100.0%	100.0%	746	3.1	2.5	5.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix Holt	300 - GENERAL MEDICINE		1470	1245	1050	1260	672	684	672	672	84.7%	120.0%	101.8%	100.0%	527	3.7	3.7	7.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2100	1950	0	0	1680	1572	0	0	92.9%	-	93.6%	-	159	22.2	0.0	22.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1470	1447.5	1260	1260	1008	1008	432	660	98.5%	100.0%	100.0%	152.8%	726	3.4	2.6	6.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1470	1440	1470	1507.5	1008	1020	672	732	98.0%	102.6%	101.2%	108.9%	754	3.3	3.0	6.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1620	1492.5	1050	1012.5	1008	960	432	516	92.1%	96.4%	95.2%	119.4%	543	4.5	2.8	7.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1260	1185	840	922.5	672	672	672	672	94.0%	109.8%	100.0%	100.0%	497	3.7	3.2	6.9

The overall Trust fill rate was 97.78% in February 2017. The average CHPPD rate was 9.1.

Appendix 2**Red shift and red flag event definitions****Red shift**

Red shifts are defined as shifts where the nurse staffing levels were below the agreed establishment level.

Red flag events

NICE guidance for safe nursing staffing describes red flag events as follows:

- 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).

Appendix 3

Current Band 5 registered nurse/practitioner and HCA vacancies

Band 5 Registered Nurses					
Ward	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
AMU	35.54	20.92	(14.62)	0.00	(14.62)
Alex	23.77	16.37	(7.40)	1.00	(8.40)
Nason	16.90	11.84	(5.06)	0.00	(5.06)
Vic	17.10	13.00	(4.10)	0.00	(4.10)
Melly	18.22	16.97	(1.25)	0.00	(1.25)
Bob Jakin	12.18	11.78	(0.40)	0.00	(0.40)
Adam Bede	15.60	14.19	(1.41)	0.00	(1.41)
Elizabeth	20.10	12.99	(7.11)	0.00	(7.11)
CCU	13.90	11.37	(2.53)	1.00	(3.53)
Felix	14.00	12.00	(2.00)	2.60	(4.60)
Mary Garth	16.00	13.21	(2.79)	2.00	(4.79)
Total	203.31	154.64	48.67	6.6	55.27

Table 1 – Band 5 registered nurse vacancies on adult inpatient wards

HCAs					
Ward	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
AMU	28.29	25.56	(2.73)	0.00	(2.73)
Alex	17.14	17.48	0.34	0.00	0.34
Nason	15.90	13.36	(2.54)	0.00	(2.54)
Vic	5.90	5.60	(0.30)	0.00	(0.30)
Melly	13.63	11.84	(1.79)	0.00	(1.79)
Bob Jakin	17.34	12.04	(5.30)	0.00	(5.30)
Adam Bede	10.00	8.33	(1.67)	0.00	(1.67)
Elizabeth	11.80	13.70	1.90	0.00	1.90
CCU	0.00	0.00	0.00	0.00	0.00
Felix	11.85	11.20	(0.65)	0.00	(0.65)
Mary Garth	10.16	9.96	(0.20)	0.00	(0.20)
Total	142.01	129.07	15.18	0	15.18

Table 2 – Health Care Assistant vacancies on adult inpatient wards

The latest nursing and midwifery vacancy levels in other clinical areas are outlined below. Please note the fields that have been left blank refer to the data which is currently being validated.

Band 5 Registered Nurse/Practitioner					
Ward	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A & E	43.13	30.23	(12.90)	3.80	(16.70)
ITU	18.12	16.96	(1.16)	0.00	(1.16)
Maternity	76.20	76.20	0.00	4.00	(4.00)
SCBU	12.03	11.38	(0.65)	0.00	(0.65)
Theatres			(4.78)	0.00	(4.78)
Total	149.48	134.77	19.49	7.8	27.29

Table 3 – Band 5 registered nurse vacancies in other clinical areas, Including A&E, ITU, Maternity, SCBU and Theatres

HCAs					
Ward	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A & E	8.70	7.40	(1.30)	0.00	(1.30)
ITU	0.60	0.60	0.00	0.00	0.00
Maternity			0.00	0.00	0.00
SCBU	2.47	2.44	(0.03)	0.00	(0.03)
Theatres			(0.44)	0.00	(0.44)
Total	11.77	10.44	1.77	0	1.77

Table 4 – Health Care Assistant vacancies in other clinical areas, including A&E, ITU, Maternity, SCBU and Theatres