

TRUST BOARD MEETING
Meeting to be held on Wednesday 6th September 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):	<p>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.</p> <p>National Institute for Health and Care Excellence Safe Staffing Guidance.</p> <p>The Francis Report in to the Mid Staffordshire Inquiry.</p> <p>Department of Health Hard Truths report.</p> <p>Nursing and Midwifery Council Guidance.</p> <p>NHS Improvement Safe Staffing Guidance and Resources.</p> <p>Carter Productivity and Efficiency Report.</p>	
Assurance Framework Link(s):	2.2.1; 2.2.2; 2.3.1; 4.1.4; 4.2.2; 5.1.1	
CQC Link(s):	9; 10; 12; 18	
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 ongoing recruitment and retention challenges.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients and staff equally.	
Patient and/or Public Involvement:	Patient Forum (PF) 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:

- This report provides an overview of the nursing and midwifery staffing levels for July 2017.
- Daily escalation and response to maintain safe nursing and midwifery staffing levels remain in place.
- The overall Trust fill rate for the July 2017 Safe Staffing return was 100.56% which remained similar to the fill rate reported in June 2017.
- The average CHPPD rate increased to 9.2 when compared with 8.9 reported in June 2017.
- N=7 'red shifts' and n=5 'red flag events' were reported in July 2017. Despite the high number of red shifts and red flag events, no patient harm occurred as a result. From the n=7 red shifts, n=3 occurred on the same day and n=2 of those shifts occurred due to the staff having been moved to support other areas to maintain safety across the site.
- The current number of continued vacancies (until offered posts start) for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=48.87 WTE which represents an increase on the 41.88 WTE vacancies reported in June 2017. In terms of the Healthcare Assistant (HCA) continued vacancies on adult inpatient wards (until offered posts start), the current number is n=17.61 WTE which represents a decrease on the n=24.02 WTE vacancies reported in June 2017.
- In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife continued vacancies (until offered posts start) is n=37.32 WTE which represents an increase on the n=32.93 WTE vacancies reported in June 2017. In addition, there are currently n=6.9 WTE HCA continued vacancies (until offered posts start) which also represents an increase on the n=4.05 WTE HCA vacancies reported in June 2017.
- The overall number of continued vacancies (until offered posts start) is as follows: RN/Midwife/Registered Practitioner vacancies=86.19 WTE and HCA vacancies=24.51 WTE.
- The overall number of current vacancies is as follows: RN/Midwife/Registered Practitioner vacancies=53.21 WTE and HCA vacancies= 14.51 WTE.
- A variety of recruitment and retention activities continue to fill the vacancies and retain staff across the organisation.
- Progress continues to be monitored in regard to the 66 nurses from the Philippines who were offered posts at the Trust in August 2016. The number of nurses who have successfully passed their IELTS test has remained at n=5. From this number, n=1 nurse has received the NMC decision during June 2017 and arrangements for the nurse to commence working at the Trust in September 2017 are being progressed. In addition, n=2 nurses are completing the NMC documentation and n=2 nurses are currently at the CBT stage. The Trust has continued to pursue additional international recruitment during July and August 2017 and n=7 posts have been offered to nurses from the Philippines who have already passed IELTS. N=1 nurse from this cohort has already received a decision from the NMC and the next steps to enable this nurse to start working at the Trust during the autumn are being progressed. In addition, the Trust is currently exploring the possibility of working collaboratively with Health Education England – West Midlands as part of their Global Health Overseas Recruitment work stream.
- The outcome of the Accident and Emergency Department nursing staffing and acuity review utilising the Baseline Emergency Staffing Tool

	<p>is outlined in this report.</p> <ul style="list-style-type: none"> Professional judgement discussions to evaluate the outcome of the six monthly safe nursing staffing acuity reviews on adult inpatient wards and in the Accident and Emergency department were conducted during July and August 2017 and their outcomes are outlined in this report.
Recommendation(s):	<p>The Trust Board is asked to accept the July 2017 safe nursing and midwifery staffing report and note ongoing escalation and actions in place.</p>
Acronyms and Abbreviations	<p>WTE Whole time equivalent HCA Healthcare Assistant RN Registered Nurse CHPPD Care Hours Per Patient Day NICE National Institute For Health and Care Excellence IELTS International English Language Testing System CBT Computer Based Training OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department ITU Intensive Care Unit CCU Coronary Care Unit</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides a monthly update on the nursing and midwifery staffing levels for July 2017 and the national submission published on the NHS Choices website. It also includes information in regard to the current nursing and midwifery Band 5, 6 and 7 and Healthcare Assistant (HCA) vacancies and progress with nursing recruitment activities. In addition, outcomes of the six monthly safe nursing staffing acuity reviews on adult inpatient wards and in the Accident and Emergency department are outlined in this report.

2.0 Unify national data reporting

The safe nursing and midwifery 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 the July 2017 Safe Staffing return was 100.56% which remained similar to the fill rate reported in June 2017. In terms of registered nurses (RNs), the overall organisational average fill rate was 98.1% on days and 99.7% on nights. For care staff, the overall organisational average fill rate was 103.2% on days and 104.7% on nights.

The wards with notable average fill rates during July 2017 are listed below.

- **Adam Bede** – average fill rate of 116.1% for care staff on nights.
- **AMU** – average fill rate of 116.8% for care staff on nights.
- **Bob Jakin** – average fill rate of 90.3% for care staff on nights.
- **Elizabeth ward** – average fill rate of 92.6% for RNs on days and 114.2% average fill rate for care staff on days.
- **Felix Holt ward** – average fill rate of 92.2% for RNs on days and 111.6% average fill rate for care staff on days.
- **Victoria ward** – average fill rate of 91.4% for RNs and 91.4% average fill rate for care staff on days and 83.9% average fill rate for RNs on nights.

The reduced fill rates predominantly occurred as a result of the necessary staff moves to maintain safety across all clinical areas of the Trust due to the seasonal reduction and ability to fill vacant posts with Bank or Agency staff. In terms of Victoria ward, the reduced rates for RNs were associated with RNs or care staff being moved to support other areas on a number of occasions due to the reduced number of patients on the ward, especially during the weekends. However, it was ensured at all times that no less than 2 RNs were present on all of the wards, despite the need to temporarily adjust staffing skill mix on some of the wards to maintain safety.

The CHPPH indicator measures the combined number of hours of care provided to a patient over a 24 hour period by both RNs/midwives and care staff. In July 2017, the CHPPD indicator on the inpatient wards ranged between 5.0 – 23.7 and represented an average of 9.2 which has increased from 8.9 reported in June 2017. Clinical areas such as ITU and Delivery Suite 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

In total, n=7 'red shifts' and n=5 'red flag events' occurred during July 2017. This represents a reduction of n=1 'red shift' and an increase of n=2 'red flag events' when compared with the June 2017 data. From the n=7 red shifts, n=3 occurred on the same day and n=2 of

those shifts occurred due to the staff having been moved to support other areas to maintain safety across the site.

The following table illustrates a breakdown of these shifts, including the red flag events.

Table 1 – Red Shifts and Red Flags

Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
05/07/17 Night shift	A&E	The department had n=1 less RN on duty than planned. This was as a result of x1 Agency shift being unfilled. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse time.
07/07/17 Late shift	Alexandra	The ward had n=1 less RN on duty than planned. This was as a result of x1 Agency shift being unfilled. All possible efforts were made to fill the shift, but this was not successful. An ITU nurse was moved to support the ward, but had to return to ITU due to the Unit becoming busy.	No patient harm was identified.	No red flag event reported.
08/07/17 Night shift	Nason	The ward had n=1 less HCA on duty than planned. This was as a result of x1 Bank shift being unfilled. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	One red flag event reported – delay in toileting of a patient.
09/07/17 Night shift	A&E	The department had n=2 less RNs on duty than planned. This was as a result of x1 Agency shift unfilled and x1 nurse becoming unwell whilst on shift. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	Two red flag events reported - a shortfall of more than 8 hours registered nurse time.
18/07/17 Night shift	A&E	The department had n=1 less HCA on duty than planned. This was as a result of x1 Bank shift being unfilled. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	No red flag event reported.
18/07/17 Night shift	Bob Jakin	The ward had n=1 less HCA on duty than planned due to the HCA being moved to	No patient harm was identified.	No red flag event reported.

		support another clinical area.		
18/07/17 Night shift	Victoria	The ward had n=1 less RN on duty than planned due to the RN being moved to support another clinical area. Despite this move, the patient to RN ratio was correct, but the acuity of patients was high.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse time.

The most challenges were experienced on night shifts and this was as a result of shifts not being filled by Bank or Agency staff or the staff being moved from their based wards to support other clinical areas. To maintain patient safety, various staff moves and skill mix adjustments occurred across the Trust. No patient harm occurred despite the large number of 'red shifts' reported. The red flag events associated with a shortfall of more than 8 hours registered nurse time were due to the duration of the night shift.

Please refer to Appendix 2 for the definition of 'red shifts' and 'red flag events'.

4.0 Vacancies

The latest vacancy data (August 2017) for RNs/midwives and HCAs is outlined in tables 1, 2, 3 and 4 in Appendix 3 of this report. This includes Band 5, 6 and 7 RN/midwife and HCA vacancies.

The current number of continued vacancies (until offered posts start) for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=48.87 WTE which represents an increase on the 41.88 WTE vacancies reported in June 2017. In terms of the Healthcare Assistant (HCA) continued vacancies on adult inpatient wards (until offered posts start), the current number is n=17.61 WTE which represents a decrease on the n=24.02 WTE vacancies reported in June 2017.

In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife continued vacancies (until offered posts start) is n=37.32 WTE which represents an increase on the n=32.93 WTE vacancies reported in June 2017. In addition, there are currently n=6.9 WTE HCA continued vacancies (until offered posts start) which also represents an increase on the n=4.05 WTE HCA vacancies reported in June 2017.

The overall number of continued vacancies (until offered posts start) is as follows: RN/Midwife/Registered Practitioner vacancies=86.19 WTE and HCA vacancies=24.51 WTE.

The overall number of current vacancies is as follows: RN/Midwife/Registered Practitioner vacancies=53.21 WTE and HCA vacancies=14.51 WTE.

The top 3 clinical areas which continue to hold the highest number of continued vacancies include:

Registered Nurses:

- Acute Medical Unit
- Accident and Emergency
- Operating Theatres

HCAs:

- Bob Jakin ward
- Adam Bede ward
- Maternity

The following table illustrates the monthly vacancy data for both RNs/Midwives/Registered Practitioners and HCAs for this financial year.

Table 2 – Running Total of Continued Vacancies (continued vacancies until individuals who have been offered posts start – refer to Appendix 3 for more details)

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
April 2017	67.83 WTE	30.21 WTE	N/A
May 2017	95.34 WTE	39.3 WTE	An increase on the previous month. This data included theatre vacancies, which was not the case in April.
June 2017	78.02 WTE	33.33 WTE	A decrease on the previous month.
July 2017	74.81 WTE	28.07 WTE	A decrease on the previous month.
August 2017	86.19 WTE	24.51 WTE	An increase on the previous month for RNs and a decrease for HCAs.

Table 3 – Running Total of Current Vacancies (refer to Appendix 3 for more details)

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
April 2017	67.74 WTE	30.21 WTE	N/A
May 2017	69.0 WTE	19.5 WTE	An increase on the previous month for RNs. This data included theatre vacancies, which was not the case in April.
June 2017	62.04 WTE	20.82 WTE	A decrease on the previous month for RNs and an increase for HCAs.
July 2017	53.55 WTE	22.6 WTE	A decrease on the previous month for RNs and an increase for HCAs.
August 2017	53.21 WTE	14.51 WTE	A decrease on the previous month for RNs and HCAs.

Recruitment events continue to be held to recruit registered nurses/midwives/ practitioners and HCAs in to the vacant posts. In addition, recruitment in to the Trust Bank, managed by NHS Professionals, has continued and saw more successes during July 2017. Key achievements in regards to NHSP during Q1 2017/18 included:



In terms of fill rates, the Trust's overall fill rate (Bank and Agency) has consistently remained above national average which has assisted the Trust in maintaining safe staffing levels whilst the focus remains on substantive staff recruitment and retention. The overall fill rate in Q1 2017/18 was 84.3% which was 6.1% above national average when compared with other NHSP client trusts.

The Nursing and Midwifery Workforce and E-rostering Group continues to maintain oversight of progress and specific actions in regard to Bank and Agency and to drive embeddedness and efficiencies linked to agency spent and e-rostering utilisation. Implementation of the Safecare module on E-roster continues, which will further strengthen safe staffing oversight once fully implemented. In addition, Safe Staffing Policy for Nursing was introduced in July 2017 and the Safe Staffing Policy for Midwifery reviewed. The Workforce Development Committee continues to oversee the overall workforce agenda.

5.0 International Recruitment

From the original cohort of n=71 nurses from the Philippines, n=66 continue to proceed through the recruitment process. The latest position update is as follows:

- The number of nurses who have successfully passed their IELTS test has remained to n=5. From this number, n=1 nurse has received the NMC decision during June 2017 and arrangements for the nurse to commence working at the Trust in September 2017 are being progressed. In addition, n=2 nurses are completing the NMC documentation and n=2 nurses are currently at the CBT stage.

In terms of the other nurses:

- n=61 nurses continue to remain at the IELTS test stage. N=3 nurses are booked for IELTS and n=6 nurses are awaiting their IELTS test results.
- n=5 nurses have withdrawn from the process.

In addition, the Trust has continued to pursue additional international recruitment during July and August 2017 and n=7 posts have been offered to nurses from the Philippines who have already passed IELTS. N=1 nurse from this cohort has already received a decision from the NMC and the next steps to enable this nurse to start working at the Trust during the autumn are being progressed. In addition, the Trust is currently exploring the possibility of working

collaboratively with Health Education England – West Midlands as part of their Global Health Overseas Recruitment work stream.

6.0 Acuity study within the Accident and Emergency Department

During May 2017, a review of nursing staffing and acuity within the A&E department was conducted utilising the Baseline Emergency Staffing Tool (BEST). Key headlines and recommendations from this review were as follows:

- The staffing profile in A&E is identical to other comparator A&E departments with 1 registered nurse to 1100 patient attendances. The BEST tool suggests the ratio between non-registered nursing and registered nursing staff should be no more than 20% support staff to 80% registered nursing staff planned to be rostered per shift. Reassuringly, the current compliance within the A&E at the Trust is 20.4% support staff and 79.6% registered nursing staff, which does not include the Band 7 shift leader. When the shift leader is included, the ratio is 82% registered and 18% non-registered nursing staff.
- BEST demonstrated the 'known' and 'normal' attendance profile and staffing requirement required to meet their needs at the Trust, which is reflected in every A&E in England and elsewhere. It is also known that most patients are either low or moderate dependency patients and are relatively easy to process through the Trust's A&E department. Although high and total dependency patients are in the minority, they require a significant staffing requirement to provide immediate and ongoing care whilst a diagnosis is being sought and a hospital bed is being secured. The tool measured care requirements over a seven day period and will need to be repeated during winter pressures to provide further assurance to the Executive Team and the Trust Board in regard to adequate staffing.
- The A&E staffing resource throughout the monitored period was adequate for more than 93.5% of the time and was only insufficient for less than 4 hours in the evening on n=3 of the monitored days. The calculated staffing requirement for the Trust according to the BEST is 67.2 WTE, with 53.76 WTE being registered staff and 13.44 WTE being non-registered staff.
- The funded WTE registered nursing staffing resource is currently 65.75 with an additional 12.2 WTE non-registered nursing staff, which is in excess of what is suggested by the BEST tool. However, it is important to recognise that this analysis was undertaken in May 2017 and may not be an accurate reflection of meeting patient dependency requirements during winter months when there are greater numbers, dependency and acuity, and where access to inpatient beds is much more difficult to achieve within 4 hours.
- It is recommended that the BEST dependency monitoring is conducted x3 times per year to determine the A&E staffing requirements. This could lead to a more flexible approach to staffing where funding could be agreed to address anticipated increases in patient attendances and dependency at certain times of the year.

7.0 Review of safe staffing establishments

Professional judgement discussions were conducted during July and August 2017, which were chaired by the Executive Director of Nursing or Deputy Director of Nursing and attended by the leaders from each ward/department, including Finance colleagues. These reviews involved a review of the current nursing staffing establishment and key quality indicators and enabled an informed decision on whether or not the current nursing staffing establishment is appropriate within each clinical area. The following table outlines the outcome of these establishment reviews and any changes agreed.

Table 4 – Nursing establishments and ratios

Ward	Bed number	Staff type	Early	Late	Night	RN to patient ratio	RN to HCA % skill mix	Changes	Early	Late	Night	RN to patient ratio	RN to HCA % skill mix
Adam Bede	18	RN	3	3	2	Early – 1:6	Early – 50:50	No change	N/A	N/A	N/A	N/A	N/A
		HCA	3	1	2	Late – 1:6	Late – 75:25						
Alexandra	34	RN	5	4	4	Early – 1:6.8	Early – 56:44	Increase of x1 RN on late shift	5	5	4	Early – 1:6.8	Early – 56:44
		HCA	4	3	2	Late – 1:8.5	Late – 57:43		4	3	2	Late – 1:6.8	Late – 63:37
AMU	41	RN	8	8	6	Early – 1:5	Early – 57:43	No change	N/A	N/A	N/A	N/A	N/A
		HCA	6	6	5	Late – 1:5	Late – 57:43						
CDU	8	RN	2	2	2	Early – 1:4	Early – 67:33	No change	N/A	N/A	N/A	N/A	N/A
		HCA	1	1	1	Late – 1:4	Late – 67:33						
Bob Jakin	18	RN	3	2	2	Early – 1:6	Early – 50:50	No change	N/A	N/A	N/A	N/A	N/A
		HCA	3	3	3	Late – 1:9	Late – 40:60						
CCU	12	RN	3	3	3	Early – 1:4	Early – 100:0	No change	N/A	N/A	N/A	N/A	N/A
		HCA	0	0	0	Late – 1:4	Late – 100:0						
Elizabeth	27	RN	4	3	3	Early – 1:6.8	Early – 57:43	No change	N/A	N/A	N/A	N/A	N/A
		HCA	3	2	2	Late – 1:9	Late – 60:40						
Felix Holt	19	RN	4	3	2	Early – 1:4.8	Early – 57:43	No change	N/A	N/A	N/A	N/A	N/A
		HCA	3	2	2	Late – 1:6.3	Late – 60:40						
Melly	26	RN	4	3	3	Early – 1:6.5	Early – 50:50	Increase of x1 HCA on late shift	4	3	3	Early – 1:6.5	Early – 50:50
		HCA	4	2	2	Late – 1:8.6	Late – 60:40		4	3	2	Late – 1:8.6	Late – 50:50
Nason	27	RN	4	3	3	Early – 1:6.8	Early – 50:50	Increase of x1 RN on late shift	4	4	3	Early – 1:6.8	Early – 50:50
		HCA	4	3	2	Late – 1:9	Late – 50:50		4	3	2	Late – 1:6.8	Late – 57:43
Victoria	21	RN	3	3	3	Early – 1:7	Early – 60:40	No change	N/A	N/A	N/A	N/A	N/A
		HCA	2	1	0	Late – 1:7	Late – 75:25						
Mary Garth	18	RN	3	3	2	Early – 1:6	Early – 50:50	No change	N/A	N/A	N/A	N/A	N/A
		HCA	3	1	2	Late – 1:6	Late – 75:25						
ITU	5 funded beds, can flex to 8	RN	5	5	5	Level 3 patients: 1:1	Early – 100:00	No change	N/A	N/A	N/A	N/A	N/A
		HCA	0	0	0	Level 2 patients: 1:2	Late – 100:00						

In terms of A&E, the current nursing staffing ratios in the Department are as follows:

- N=9+1 RNs and n=1 HCA on a long day.
- N=9 RNs and n=1 HCA on nights.

This remains unchanged following the safe staffing review.

The Operating Theatres will be subject to a safe staffing review once the revised baseline information is available during September 2017.

8.0 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 – July 2017 (submitted August 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 Specialties 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		Specialty 1	Specialty 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		1395	1357.5	930	960	744	744	744	864	97.3%	103.2%	100.0%	116.1%	556	3.8	3.3	7.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2092.5	2085	1627.5	1590	1488	1500	744	732	99.6%	97.7%	100.8%	98.4%	971	3.7	2.4	6.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3720	3675	2790	3052.5	2232	2436	1860	2172	98.8%	109.4%	109.1%	116.8%	1199	5.1	4.4	9.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1162.5	1162.5	1395	1365	744	744	1116	1008	100.0%	97.8%	100.0%	90.3%	557	3.4	4.3	7.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1395	1365	0	0	1116	1068	0	0	97.8%	-	95.7%	-	352	6.9	0.0	6.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1860	1860	232.5	232.5	1488	1440	372	372	100.0%	100.0%	96.8%	100.0%	165	20.0	3.7	23.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1627.5	1582.5	465	450	744	720	372	360	97.2%	96.8%	96.8%	96.8%	621	3.7	1.3	5.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1627.5	1507.5	1162.5	1327.5	1116	1116	744	708	92.6%	114.2%	100.0%	95.2%	744	3.5	2.7	6.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1627.5	1500	1162.5	1297.5	744	744	744	768	92.2%	111.6%	100.0%	103.2%	563	4.0	3.7	7.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2325	2392.5	0	0	1860	1848	0	0	102.9%	-	99.4%	-	193	22.0	0.0	22.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1395	1432.5	930	885	744	804	744	804	102.7%	95.2%	108.1%	108.1%	552	4.1	3.1	7.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1627.5	1575	1395	1402.5	1116	1116	744	756	96.8%	100.5%	100.0%	101.6%	800	3.4	2.7	6.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1627.5	1635	1627.5	1680	1116	1104	744	768	100.5%	103.2%	98.9%	103.2%	818	3.3	3.0	6.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1395	1275	697.5	637.5	1116	936	0	36	91.4%	91.4%	83.9%	-	400	5.5	1.7	7.2

The overall Trust fill rate was 100.56% in July 2017. The average CHPPD rate was 9.2.

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, 6 and 7 registered nurse/midwife and HCA vacancies – August 2017

Table 1 – Band 5, 6 and 7 registered nurse vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
Adam Bede	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	13.69	(0.17)	(0.64)	(0.47)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
	5	14.46	13.8	(0.66)	(1.00)	(1.66)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.22	12.73	(5.49)	(0.64)	(6.13)
Mary Garth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	14.01	0.15	(0.80)	(0.65)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	10.96	2.56	0.00	2.56
	5	34.8	18.28	(16.52)	(1.64)	(18.16)
Alexandra	7	1	1	0.00	0.00	0.00
	6	1	2	1.00	0.00	1.00
	5	21.27	15.57	(5.70)	(1.00)	(6.70)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	17.22	12.48	(4.74)	(1.00)	(5.74)
Victoria	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	16.5	12.96	(3.54)	(1.00)	(4.54)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
	5	12.18	12	(0.18)	(1.00)	(1.81)
Felix Holt	7	1	1	0.00	0.00	0.00
	6	4.8	4.6	(0.20)	0.00	(0.20)
	5	11.74	10.8	(0.94)	0.00	(0.94)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	17.97	(0.36)	(1.00)	(1.36)
Total		230	194.7			
Negative Totals				-39.01	-9.72	-48.87
Positive Totals				3.71	0	3.56

Table 2 – Health Care Assistant vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
Adam Bede	3	0	0	0	0.00	0.00
	2	12.1	10.41	(1.69)	(1.00)	(2.69)
Elizabeth	3	0	0.8	0.00	0.00	0.00
	2	13.78	13.54	(0.24)	(1.00)	(1.24)
Mary Garth	3	0	0	0.00	0.00	0.00
	2	12.1	11.32	(0.78)	0.00	(0.78)
AMU	3	1	1	0.00	0.00	0.00
	2	28	27.52	(0.48)	(1.00)	(1.48)
	3	3.6	3.4	(0.20)	0.00	(0.20)
Alexandra	2	13.54	12.04	(1.50)	0.00	(1.50)
	3	1.9	1	(0.90)	0.00	(0.90)
Nason	2	16.14	18.76	2.62	(0.60)	2.02
	3	2.4	2.4	0.00	0.00	0.00
Victoria	2	2.64	2.4	(0.24)	0.00	(0.24)
	3	0.8	0	(0.80)	0.00	(0.80)
Bob Jakin	2	17.34	16.8	(0.54)	(2.80)	(3.34)
	3	1.93	1.93	0.00	0.00	0.00
Felix Holt	2	11.85	11.2	(0.65)	(2.00)	(2.65)
	3	1.83	2.23	0.40	0.00	0.40
Melly	2	13.63	12.84	(0.79)	(1.00)	(1.79)
Total		154.58	149.59			
Negative Totals				-8.81	-9.4	-17.61
Positive Totals				3.02	0	2.42

Appendix 3 continued

The latest nursing and midwifery vacancy levels in other clinical areas are outlined below.

Table 3 – Band 5, 6 and 7 registered nurse vacancies in other clinical areas, including A&E, Theatres, ITU, Maternity and SCBU

Ward/clinical area	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A&E	7	6	6	0.00	0.00	0.00
	6	11.8	11.8	0.00	0.00	0.00
	5	40.12	39.57	(0.55)	(13.80)	(14.35)
ITU	7	11.15	11.52	0.37	0.00	0.37
	6	7.72	6	(1.04)	0.00	(1.04)
	5	16.96	15.36	(1.72)	0.00	(1.72)
Maternity	7	13.2	14.2	0.00	(1.00)	1.00
	6(inc 5)	62.98	62.98	0.00	(6.32)	(6.32)
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	7.72	(0.38)	0.00	(0.38)
	5	12.03	10.42	(1.61)	0.00	(1.61)
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	13.87	12.54	(1.33)	0.00	(1.33)
	5	54.33	46.96	(7.57)	(3.00)	(10.57)
Total		262.83	249.64			
Negative Totals				-14.2	-24.12	-37.32
Positive Totals				0.37	0	1.37

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

Ward/clinical area	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A&E	3	4.4	3.08	(1.32)	0	(1.32)
	2	8.06	7.4	(0.66)	0	(0.66)
ITU	3	0	0	0.00	0	0.00
	2	0.6	0.6	0.00	0	0.00
Maternity	3(inc 2)	16.03	14.78	(1.25)	1.20	(2.45)
SCBU	3	0	0	0.00	0	0.00
	2	2.47	2.44	(0.03)	0	(0.03)
Theatres	4	3	3	0.00	0	0.00
	3	1.43	1.43	0.00	0	0.00
	2	23.8	21.4	(2.44)	0	(2.44)
Total		59.79	54.13			
Negative Totals				-5.7	1.2	-6.9
Positive Totals				0	0	0