

TRUST BOARD MEETING

To be held on Wednesday 4th July 2018

Title of Report:	Report on Safe Nursing and Midwifery Staffing	
Sponsoring Director:	Daljit Athwal – Interim Executive Director of Nursing	
Author(s):	Dilly Wilkinson – Deputy Director of Nursing	
Background Paper(s):	<ul style="list-style-type: none"> • 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. • NHS Improvement Safe Staffing Guidance and Resources. • Carter Productivity and Efficiency Report. 	
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 visits and audits and patient feedback.	
Purpose of Report:	To provide the Trust Board with an update on nursing and midwifery staffing at George Eliot Hospital NHS Trust for May 2018.	
Report Summary:	<ul style="list-style-type: none"> • The Trust's fill rate for the May 2018 Safe Staffing return was 101.3%. • The average Care Hours Per Patient Day (CHPPD) rate was 9.3 and this is similar to the April rate of 9.1. • N=3 red shifts and n=3 red flag events were reported in May 2018. Red 	

	<p>flag events were all associated with a shortfall of more than 8 hours of registered Nurse (RN) time. No patient harm occurred during these events.</p> <ul style="list-style-type: none"> • Total vacancies, including those where posts have been offered, but not started are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=91.69 WTE (an increase on the previous month) ○ HCA=26.18 WTE (a decrease on the previous month) • Total actual vacancies being recruited to are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=34.28 WTE (an increase on the previous month). ○ HCA=17.58 WTE (a decrease on the previous month). • A variety of recruitment and retention activities are on-going. In month we have held one regular recruitment day and student recruitment Day. • As part of the Trust's International Recruitment, we now have 6 staff deployed: <ul style="list-style-type: none"> • 2 have their NMC registration and are working substantively. • 1 has had a qualified fail of her OSCE and will retake in June. • 2 attended induction in June and have started their development programme with a further 6 expected in July • 5 further candidates are expected to start in late September
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the May 2018 safe nursing and midwifery staffing report and note ongoing escalation and recruitment actions in place.</p>
<p>Acronyms and Abbreviations</p>	<p>CHPPD Care Hours Per Patient Day RN Registered Nurse HCA Healthcare Assistant WTE Whole time equivalent NMC Nursing and Midwifery Council OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department ITU Intensive Care Unit</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides the update on nursing and midwifery staffing levels for May 2018. It also provides current nursing and midwifery Band 5, 6 and 7 and healthcare assistant (HCA) vacancies and recruitment and retention activity.

2.0 Unify national data reporting

The safe nursing and midwifery staffing submission, including the Care Hours Per Patient Day (CHPPD) data, is submitted in line with national reporting requirements. 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 May's Safe Staffing return was 101.3% and remained very similar to the previous month. For registered nurses (RNs), the organisational average fill rate was 97.4% on days and 100.4% on nights. For care staff, the organisational average fill rate was 103.2% on days and 105.4% on nights.

The wards with notable average fill rates against agreed establishments during May included:

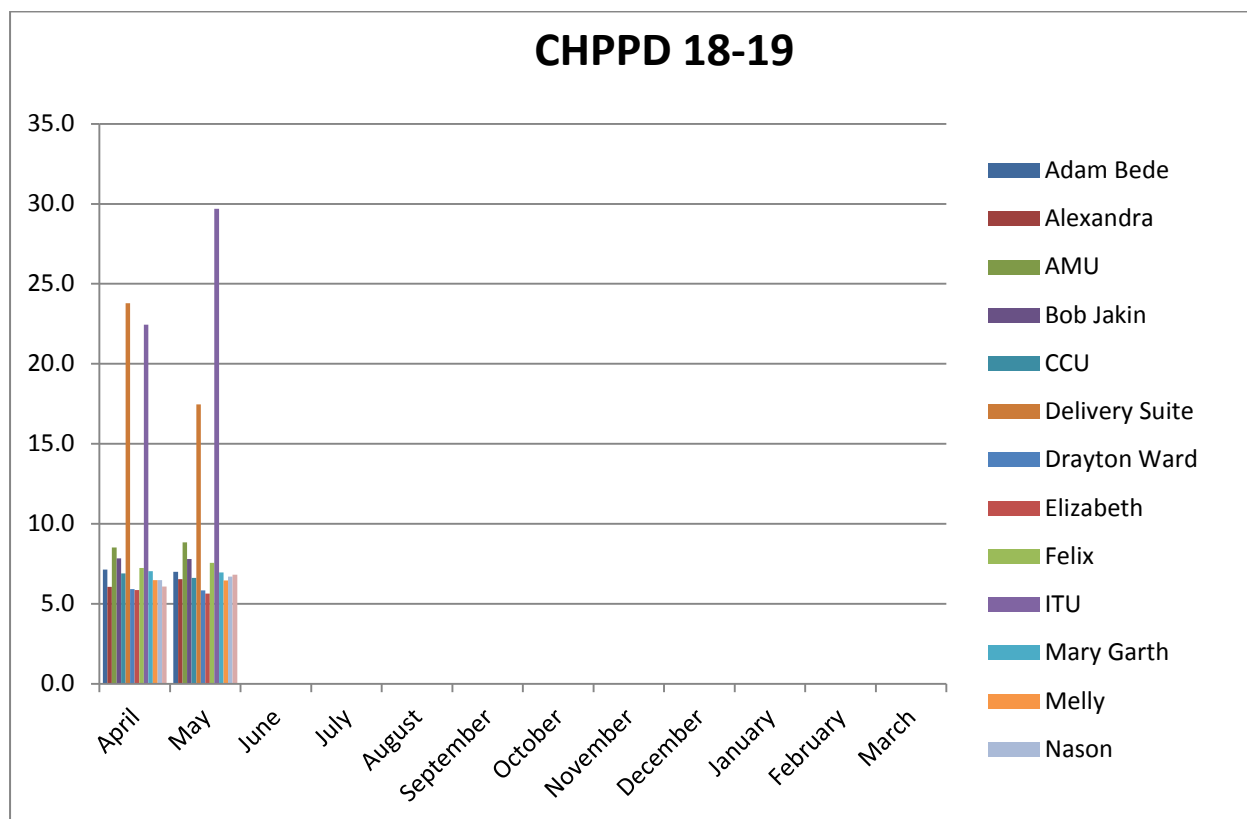
- **Acute Medical Unit** – average fill rate of 105.4% for RNs and 114% for care staff on days and 112.4% RNs and 118.1% care staff on nights. These high percentages reflect the additional staffing required whilst extra capacity remains open.
- **Coronary Care Unit** – CCU was an area of concern last month due to the changed skill mix on occasions through the month. This has not been the case during May and they have returned to their normal skill mix which is reflected in the safer staffing submission.

In line with the Carter Review (2017), the Trust has continued to report the care hours provided by RNs and HCAs to each patient per day. The aim of this is to enable national benchmarking and drive reductions in variation and associated efficiencies. The Carter Review stated that the average CHPPD in the pilot sites was 9.1 hours of care provided by RNs and HCAs per patient day with a variation of 6.33 to 15.48 hours.

During May, the CHPPD indicator ranged between 5.6 – 29.7 and represented an average of 9.3 which is a slight increase from April where an average of 9.1 hours was reported. As previously reported ITU and Delivery Suite continued to have a higher number of care hours per patient day when compared to other wards due to delivering one to one care in those areas.

The graphs below illustrate the average CHPPD data for May 2018

Graph 1: Average CHPPD data – GEH wards



3.0 Red shifts and red flag events

In May, there were n=3 red shifts in total of which n=3 red flag events were reported with no associated harms. The three flags were all shortfall of 8 hours registered nurse time.

A significant reduction in red shifts and red flags were reported in April and this was thought to be due to better staff allocation and active management of staffing. The lower level of reported incidents continues in May. The data for both April and May has been reviewed and has been established as correct.

Appendix 2 provides the definition of red shifts and red flag events and Appendix 3 shows a breakdown of the wards and shifts affected, actions taken and trends year to date.

4.0 Vacancies

The latest vacancy data (June 2018) for RNs/midwives and HCAs is outlined in tables 1, 2, 3, 4, 5 and 6 in Appendix 4 of this report. This includes Band 5, 6 and 7 RN/midwife and HCA vacancies.

Vacancies are described in two ways defined as follows;

- 'Total vacancies, including those where posts have been offered' which means actual vacancy plus those who are appointed and have not yet started therefore are not available to be rostered on the ward
- 'Actual vacancy' which means posts that are available to be appointed to thus true vacancies.

It is significant to monitor the 'Total vacancies including those where posts have been offered' as this reflects the actual staffing available to the ward manager for use on the roster and when combined with sickness and maternity leave can be used to identify areas of significant concern.

Total vacancies, including those where posts have been offered, but the staff have not started are:

- RN/Midwife/Registered Practitioner=91.69WTE (an increase of 6.99 on the previous month)
- HCA=26.18 WTE (a reduction increase of 4.07 on the previous month)

Total actual vacancies are:

- n=34.28 WTE for RNs which represents an increase of 13.34 WTE when compared to n=20.94 WTE vacancies reported in May 2018.
- n=17.58 WTE for HCA which represents a reduction of 4.43 on the n=22.01 WTE vacancies reported in May 2018.

The 3 clinical areas holding the highest number of continued vacancies include:

Registered Nurses:

- A&E
- Theatres
- Alexandra Ward

HCA's:

- Adam Bede
- Felix Holt
- Theatre

In June we have seen an increase in RN vacancies by 13.34 WTE which is more than appointed in month. The Trust has continued to progress its recruitment, retention and talent management strategies in order to fill vacancies and retain staff within the organisation. Monthly and bespoke recruitment events have recruited 8 RNs in May and 27 RNs in June of which 17 are qualified RNs and 18 are students who qualify in September 2018 or February 2019. There is a specific recruitment day planned in June for HCAs which should reduce the vacancies for ward areas to a minimum.

Recruitment activity has continued in May which includes:

- Skype interviews – 2 candidates both offered posts
- 3rd year nursing student recruitment event - 4 posts offered (1 for September 2018 and 3 for February 2019)
- Career's Fair at Birmingham City University
- Monthly rolling programme recruitment – 4 posts offered (3 qualified and 1 awaiting registration in February 2019)

5.0 International Recruitment

The Trust continues to focus on staff recruited through International Recruitment. It has had more success with the latter campaign where interviews have been undertaken via Skype. In May we have 6 internationally recruited staff deployed within the wards. We currently have 2 who attended induction in June, we are expecting 6 candidates in July and 5 in late September for the October induction. Candidates are invited to travel to the country only when they are ready to start work and in line with the Trust induction programme. They are supported in their initial integration into the area through the International recruitment team. They are supported with finding initial accommodation, given a basic household kit which includes bedding, towels, cooking utensils etc. and also supported with integration into the organisation and making new social contacts. They are given a bespoke programme of education and support to prepare them for their OSCE required prior to NMC registration.

The International Recruitment Facilitator for the George Eliot Hospital has set up a facilitator's meeting for the region which mirrors a group already in place in the South of England. The first meeting was hosted by GEH earlier in the month and 9 facilitators attended of the 11 invited. The group has agreed to meet quarterly to look at sharing best

practice, learning from others experiences and working together to find solutions to shared issues and concerns.

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 – May 2018 (submitted June 2018)

Only complete sites your organisation is accountable for

Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
			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
	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								
Adam Bede	300 - GENERAL MEDICINE		1395	1372.5	930	997.5	744	744	744	768	98.4%	107.3%	100.0%	103.2%	555	3.8	3.2	7.0
Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2325	2280	1627.5	1612.5	1488	1500	744	756	98.1%	99.1%	100.8%	101.6%	941	4.0	2.5	6.5
AMU	300 - GENERAL MEDICINE		3720	3922.5	2790	3180	2232	2508	1860	2196	105.4%	114.0%	112.4%	118.1%	1335	4.8	4.0	8.8
Bob Jakin	300 - GENERAL MEDICINE		1162.5	1155	1395	1365	744	744	1116	1068	99.4%	97.8%	100.0%	95.7%	556	3.4	4.4	7.8
CCU	300 - GENERAL MEDICINE		1395	1305	0	0	1116	1080	0	0	93.5%	-	96.8%	-	360	6.6	0.0	6.6
Delivery Suite	501 - OBSTETRICS		1860	1860	232.5	225	1488	1488	372	372	100.0%	96.8%	100.0%	100.0%	226	14.8	2.6	17.5
Drayton Ward	501 - OBSTETRICS		1627.5	1620	465	457.5	1116	1104	372	372	99.5%	98.4%	98.9%	100.0%	609	4.5	1.4	5.8
Elizabeth	300 - GENERAL MEDICINE		1627.5	1567.5	1162.5	1207.5	1116	1116	744	756	96.3%	103.9%	100.0%	101.6%	824	3.3	2.4	5.6
Felix	300 - GENERAL MEDICINE		1627.5	1455	1162.5	1290	744	756	744	876	89.4%	111.0%	101.6%	117.7%	579	3.8	3.7	7.6
ITU	300 - GENERAL MEDICINE		1837.5	1837.5	0	0	1488	1488	0	0	100.0%	-	100.0%	-	112	29.7	0.0	29.7
Mary Garth	300 - GENERAL MEDICINE		1395	1252.5	930	1095	744	744	744	744	89.8%	117.7%	100.0%	100.0%	551	3.6	3.3	7.0
Melly	300 - GENERAL MEDICINE		1627.5	1627.5	1627.5	1627.5	1116	1092	744	804	100.0%	100.0%	97.8%	108.1%	797	3.4	3.1	6.5
Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1860	1740	1627.5	1672.5	1116	1116	744	840	93.5%	102.8%	100.0%	112.9%	801	3.6	3.1	6.7
Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1395	1395	697.5	630	1116	1092	0	36	100.0%	90.3%	97.8%	-	463	5.4	1.4	6.8

In May 2018, the overall Trust fill rate was 101.3% and the average CHPPD rate was 9.3

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

Red shifts are defined as shifts where the nurse and midwifery staffing levels were below the agreed establishment level despite mitigations put in place.

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**Red shift and red flag events**

Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
3.4.18 L	A&E	1 RN No agency cover for escalation nurse. Department very busy with patients in the corridor. Matron support given.	None reported	Shortfall of 8 hours registered nurse time
7.4.18 N	A&E	1 RN No agency cover. Night co-ordinator support given as needed.	None reported	Shortfall of 8 hours registered nurse time
26.5.18 N	Nason	1RN No Bank or agency cover. Night co-ordinator support given.	None reported	Shortfall of 8 hours registered nurse time
26.5.18 N	Melly	1RN No Bank or agency cover. Night co-ordinator support given.	None reported	Shortfall of 8 hours registered nurse time
28.5.18 N	Melly	1RN No Bank or agency cover. Night co-ordinator support given.	None reported	Shortfall of 8 hours registered nurse time

Appendix 4

Current (real time) Band 5, 6 and 7 registered nurse/midwife and HCA vacancies as of June 2018

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

Ward	Grade	Budget	Actual includes offered post	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
Adam Bede	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	(2.00)	(1.85)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
	5	14.66	15.28	0.62	(2.80)	(2.18)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	17.02	14.29	(1.73)	(4.00)	(5.73)
Mary Garth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	13.6	(0.10)	(3.76)	(3.86)
AMU	7	2	2	0.00	0.00	0.00
	6	9.2	12.08	2.88	0.00	2.88
	5	29.2	30.6	1.40	(9.80)	(8.40)
Alexandra	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	24.95	19.25	(5.70)	(2.00)	(7.70)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	18.9	16.96	(1.94)	(4.96)	(6.90)
Victoria	7	1	0	(1.00)	0.00	(1.00)
	6	1	1	0.00	0.00	0.00
	5	16.5	14.84	(1.66)	(2.00)	(3.66)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
	5	12.18	12.32	0.14	(1.00)	(0.86)
Felix Holt	7	1	2	1.00	0.00	1.00
	6	4.8	3.76	(1.04)	0.00	(1.04)
	5	11.74	10.6	(1.14)	(0.96)	(2.10)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	19.25	0.92	(4.00)	(3.08)
Total		230.65	222.69			
Totals				-7.71	-37.28	-44.99

Table 2 – Health Care Assistant vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
Adam Bede	3	0	0	0	0.00	0.00
	2	12.1	11.8	(0.30)	(2.96)	(3.26)
Elizabeth	3	0.8	0.8	0.00	0.00	0.00
	2	12.98	12.82	(0.16)	(1.00)	(1.16)
Mary Garth	3	1	0	(1.00)	0.00	(1.00)
	2	12.1	11.56	(0.54)	0.00	(0.54)
AMU	3	1	1	0.00	0.00	0.00
	2	29.8	27.44	(2.36)	0.00	(2.36)
Alexandra	3	2.44	3.22	0.78	0.00	0.78
	2	14.7	13	(1.70)	0.00	(1.70)
Nason	3	1.9	1	(0.90)	0.00	(0.90)
	2	16.14	14.44	(1.70)	0.00	(1.70)
Victoria	3	2.4	1.6	(0.80)	0.00	(0.80)
	2	2.64	2.4	(0.24)	0.00	(0.24)
Bob Jakin	3	0.8	0	(0.80)	0.00	(0.80)
	2	17.34	15.16	(2.18)	0.00	(2.18)
Felix Holt	3	1.93	1.93	0.00	0.00	0.00
	2	11.85	10.4	(1.45)	(1.00)	(2.45)
Melly	3	3.23	2.23	(1.00)	0.00	(1.00)
	2	15.31	13.72	(1.59)	0.00	(1.59)
Total		161.66	144.7			
Totals				-15.94	-4.96	-20.9

Appendix 4 continued

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	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
A&E	7	8.8	8.8	0.00	0.00	0.00
	6	11.8	13.26	1.46	0.00	1.46
	5	40.12	30.85	(9.27)	(7.64)	(16.91)
ITU	7	11.15	10.58	(0.57)	0.00	(0.57)
	6	7.72	5.68	(2.04)	0.00	(2.04)
	5	16.96	16.28	(0.68)	0.00	(0.68)
Maternity	7	18.6	14.2	(4.40)	(1.00)	(5.40)
	6(inc 5)	63.41	60.81	(2.60)	(1.64)	(4.24)
SCBU	7	1	1	0.00	0.00	0.00
	6	10.1	8.96	(1.14)	(1.64)	(2.78)
	5	10.92	10.92	0.00	0.00	0.00
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	15.87	14.54	(1.33)	(1.00)	(2.33)
	5	51.02	45.02	(6.00)	(7.21)	(13.21)
Total		265.92	244.47			
Totals				26.57	-20.13	-46.7

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	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
A&E	3	4.4	4.84	0.44	0	0.44
	2	8.06	7.88	(0.18)	-0.64	(0.82)
ITU	3	0	0	0.00	0	0.00
	2	0	0	0.00	0	0.00
Maternity	3(inc 2)	14.93	14.44	(0.49)	0	(0.49)
SCBU	2	2.76	2.16	(0.60)	0	(0.60)
Theatres	4	3	3	0.00	0	0.00
	3	1.43	1.43	0.00	0	0.00
	2	27.36	26.99	(0.37)	(3.00)	(3.37)
Total		59.19	60.74			
Totals				-1.64	-6.6	-5.28

Table 5 – Running total of vacancies including those where posts have been offered, but not yet commenced.

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
March 2018	84.93	21.97	A decrease on the previous month for both RNs and HCAs.
April 2018	80.87	29.63	A decrease in RN vacancies and an increase in HCA vacancies
May 2018	84.7	30.25	An increase on the previous month for both RNs and HCAs
June 2018	91.69	26.18	An increase of 6.99WTE of RNs and a reduction of 4.07 of HCA vacancies.

Table 6 – Running total of actual vacancies

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
March 2018	40.93	19.47	
April 2018	39.63	21.39	A decrease in RN vacancies and a slight increase in HCA vacancies.
May 2018	20.94	22.01	
June 2018	34.28	4.43	An increase of 13.34 WTE in RN vacancies and a reduction of 4.43WTE in HCA vacancies