


TRUST BOARD MEETING
To be held on Tuesday 4th September 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 July 2018.	
Report Summary:	<ul style="list-style-type: none"> • The Trust's fill rate for the July Safe Staffing return was 101.2%. • The average Care Hours Per Patient Day (CHPPD) rate was 8.9 which is a reduction of 0.4 hours from July. • There has been one 'red shift' and no 'red flag' events reported in July. 	

	<ul style="list-style-type: none"> • Total vacancies, including those where posts have been offered, but the staff have not started are: <ul style="list-style-type: none"> • RN/Midwife/Registered Practitioner=63.78WTE (decrease of 16.09 on the previous month) • HCA=30 WTE (an increase of 12.4 on the previous month) <p>Total actual vacancies are:</p> <ul style="list-style-type: none"> • RN/midwife/Registered Practitioners =16.82WTE (a decrease of 5.93WTE on the previous month) • HCA =23.14WTE (an increase of 13.42 on previous month) <ul style="list-style-type: none"> • A variety of recruitment and retention activities are on-going. • As part of International Recruitment we now have 14 internationally recruited members of staff who have joined the Trust.
Recommendation(s):	The Trust Board is asked to accept the July 2018 safe nursing and midwifery staffing report and note ongoing escalation and recruitment actions in place.
Acronyms and Abbreviations	<p>CHPPD Care Hours Per Patient Day RN Registered Nurse HCA Healthcare Assistant WTE Whole time equivalent OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department ITU Intensive Care Unit SCBU Special care Baby Unit</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides the update on nursing and midwifery staffing levels for July 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. Appendix 1 shows a breakdown of the data for each ward and the Trust as a whole.

The overall Trust fill rate for July's Safe Staffing return was 101.2%. For registered nurses (RNs), the average fill rate was 97.5% on days and 99.1% on nights. For care staff, the average fill rate was 103.0% on days and 104.7% on nights.

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

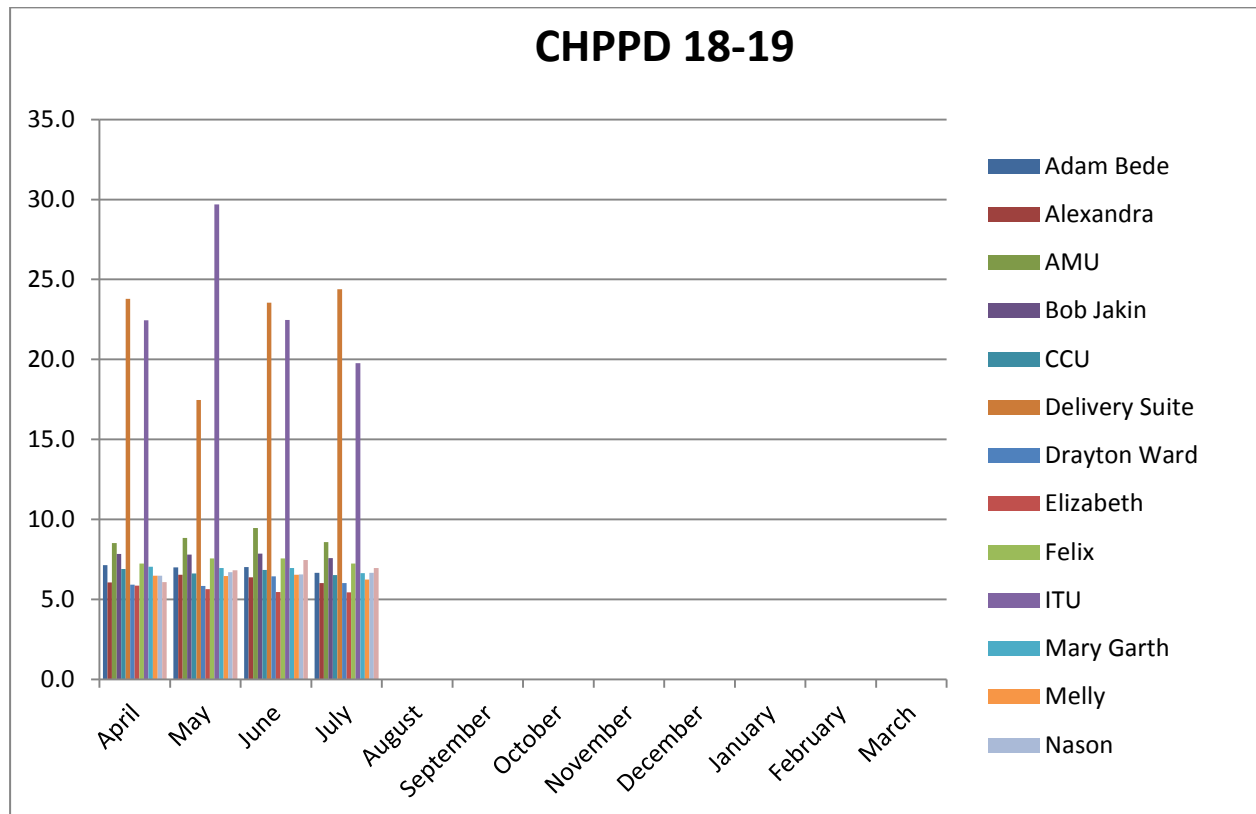
- **Acute Medical Unit** – average fill rate of 109.8% for RNs and 116.4% for care staff on days and 113.9% RNs and 121.3% care staff on nights. These high percentages reflect the additional staffing required whilst the extra bay remains open.
- **Intensive Care Unit** – ITU has day shift fill rate of 85.7% and night shift fill rate of 87.3%. This is not a concern as the staff are flexibly rostered depending on the number and acuity of patients in the unit. There have been no periods of reduced staffing.

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 July, the CHPPD indicator for George Eliot Hospital ranged between 5.4 – 24.4 and represented an average of 8.9 which is a reduction of 0.4 hours from June. 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 July 2018

Graph 1: Average CHPPD data – GEH wards



3.0 Red shifts and red flag events

In July there has been one ‘red shift’ and no ‘red flag’ events reported. This was a night shift on A&E where the bank/agency shift did not fill. Although there has been active management of staffing including altering the skill mix when acuity and dependency allowed, moving staff to cover and using senior nursing support such as the matrons working on the wards, this has been a challenging period. This is thought to be due to temporary workers not being available as it is the school holiday combined with posts where staff have been recruited but have not yet started on the ward.

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 (August 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/department.
- ‘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 concern.

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

- RN/Midwife/Registered Practitioner=63.78WTE (decrease of 16.09 on the previous month)
- HCA=30 WTE (an increase of 12.4 on the previous month)

Total actual vacancies are:

- RN/midwife/Registered Practitioners =16.82WTE (a decrease of 5.93WTE on the previous month)
- HCA =23.14WTE (an increase of 13.42 on previous month)

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

Registered Nurses:

- A&E
- Alexandra Ward
- Nason Ward

HCA's:

- Melly
- Alexandra Ward
- Maternity

In August, we have seen a further reduction in RN vacancies by 5.93WTE. This is due to the ongoing recruitment activities of the team. The number of staff who have been appointed but have not yet started is 63.78WTE and this represents a risk to the organisation as these staff are awaiting their qualification or are in a period of notice elsewhere and they can be lost during this period. The team actively attempts to keep in touch with students awaiting qualification so they are engaged with the organisation, such as tea and cakes at the end of their management placement.

There has been an increase in the vacancy numbers for HCAs of 13.42WTE. This is largely due to 8WTE for maternity which are part of the Birthrate plus additional funding previously agreed. The changes have established band 3 Maternity Support Workers and band 2 Healthcare Support Workers for maternity.

Recruitment activity continues with a specific advertising campaign and recruitment event for Surgery for RNs.

5.0 International Recruitment

The Trust continues to focus on attracting staff through International Recruitment. We have welcomed on site 5 candidates from India, 3 candidates from the Philippines, 3 candidates from Nigeria, 2 candidates from Zimbabwe and 1 candidate in Kenya. Of these 4 are now NMC registered, 1 is awaiting a retake of their OSCE, 3 are booked to take their OSCE in September, 2 in October and 4 in November.

As they become more familiar with the area they have begun to explore the region and the country. Regular trips to Coventry and Stoke have become a favorite activity with some of the group. Two of the newly NMC registered nurses have also visited mainland Europe. They have been making friends with each other and have become a 'family' in their own right, supporting and challenging each other through their OCSE process. The International Recruitment Lead continues to support them in their social activities inviting them to events and open days in the area. Some of them have found a local venue that they like where they can watch football together.

The Trust has published an article about our international recruits on both the intranet and internet. We now have 14, all of whom met with Daljit Athwal, Interim Director of Nursing and had a photograph taken with her and Sharon Rodman, Clinical facilitator for overseas recruitment. The article can be seen on the intranet at:

<http://geheasyweb/news/george-eliot-hospital-celebrates-the-arrival-of-its-latest->

[international-recruits/](#)



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 – July 2018 (submitted August 2018)

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 -	Average	Average fill rate -	Average	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
			Total monthly planned staff	Total monthly actual staff	Total monthly planned staff	Total monthly actual staff	Total monthly planned staff	Total monthly actual staff	Total monthly planned staff	Total monthly actual staff	registered nurses/ midwives (%)	fill rate - care staff (%)	registered nurses/ midwives (%)	fill rate - care staff (%)				
Specialty 1	Specialty 2																	
Adam Bede	300 - GENERAL		1350	1305	900	922.5	720	720	720	732	96.7%	102.5%	100.0%	101.7%	552	3.7	3.0	6.7
Alexandra	100 - GENERAL	300 - GENERAL MEDICINE	2250	2130	1575	1612.5	1440	1440	720	756	94.7%	102.4%	100.0%	105.0%	986	3.6	2.4	6.0
AMU	300 - GENERAL		3600	3952.5	2700	3142.5	2160	2460	1800	2184	109.8%	116.4%	113.9%	121.3%	1368	4.7	3.9	8.6
Bob Jakin	300 - GENERAL		1125	1117.5	1350	1335	720	720	1080	1032	99.3%	98.9%	100.0%	95.6%	555	3.3	4.3	7.6
CCU	300 - GENERAL		1350	1335	0	0	1080	1020	0	0	98.9%	-	94.4%	-	361	6.5	0.0	6.5
Delivery Suite	501 - OBSTETRICS		1800	1800	225	240	1440	1440	360	348	100.0%	106.7%	100.0%	96.7%	157	20.6	3.7	24.4
Drayton Ward	501 - OBSTETRICS		1575	1530	450	457.5	1080	1032	360	360	97.1%	101.7%	95.6%	100.0%	561	4.6	1.5	6.0
Elizabeth	300 - GENERAL		1575	1522.5	1125	1200	1080	1080	720	708	96.7%	106.7%	100.0%	98.3%	829	3.1	2.3	5.4
Felix	300 - GENERAL		1575	1440	1125	1222.5	720	720	720	720	91.4%	108.7%	100.0%	100.0%	567	3.8	3.4	7.2
ITU	300 - GENERAL		2250	1927.5	0	0	1800	1572	0	0	85.7%	-	87.3%	-	177	19.8	0.0	19.8
Mary Garth	300 - GENERAL		1350	1305	900	945	720	720	720	720	96.7%	105.0%	100.0%	100.0%	556	3.6	3.0	6.6
Melly	300 - GENERAL		1575	1567.5	1575	1560	1080	1068	720	768	99.5%	99.0%	98.9%	106.7%	796	3.3	2.9	6.2
Nason	110 - TRAUMA &	300 - GENERAL MEDICINE	1800	1732.5	1575	1635	1080	1092	720	912	96.3%	103.8%	101.1%	126.7%	808	3.5	3.2	6.6
Victoria	100 - GENERAL	110 - TRAUMA &	1350	1372.5	675	570	1080	1044	0	24	101.7%	84.4%	96.7%	-	433	5.6	1.4	7.0

In July 2018, the overall Trust fill rate was 101.2% and the average CHPPD rate was 8.9

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 coordinator 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 coordinator support given.	None reported	Shortfall of 8 hours registered nurse time
26.5.18 N	Melly	1RN No Bank or agency cover. Night coordinator support given.	None reported	Shortfall of 8 hours registered nurse time
28.5.18 N	Melly	1RN No Bank or agency cover. Night coordinator support given.	None reported	Shortfall of 8 hours registered nurse time
June 2018		No red flag events reported	None reported	
7.7.18 N	A&E	1 RN No bank or agency cover available.	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 August 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	0	0
	6	1	1	0	0	0
	5	13.86	15.45	1.59	-3	-1.41
CCU	7	1	1	0	0	0
	6	3.36	3.05	-0.31	0	-0.31
	5	14.66	16.68	2.02	-2.76	-0.74
Elizabeth	7	1	1	0	0	0
	6	2	2	0	0	0
	5	17.02	16.29	-0.73	-4	-4.73
Mary Garth	7	1	1	0	0	0
	6	1	1	0	0	0
	5	13.86	14.48	0.62	-2.8	-2.18
AMU	7	2	2	0	0	0
	6	9.2	12.08	2.88	0	2.88
	5	29.2	34.8	5.6	-12.48	-6.88
Alexandra	7	1	1	0	0	0
	6	2	2	0	0	0
	5	24.95	19.57	-5.38	-3.96	-9.34
Nason	7	1	1	0	0	0
	6	2	2	0	0	0
	5	18.9	14.8	-4.1	-4	-8.1
Victoria	7	1	1	0	0	0
	6	1	1	0	0	0
	5	16.5	14.04	-2.46	1	-1.46
Bob Jakin	7	1	1	0	0	0
	6	1	0.7	-0.28	0	-0.28
	5	12.18	12.68	0.5	1	1.5
Felix Holt	7	1	2	1	0	1
	6	4.8	3.76	-1.04	0	-1.04
	5	11.74	10.6	-1.14	-0.96	-2.1
Melly	7	1	1	0	0	0
	6	1	1	0	0	0
	5	18.33	19.25	0.92	-4	-3.08
TOTAL		231.56	231.25	-0.31	-35.96	-36.27

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	0
	2	12.1	12.2	0.1	-1.6	-1.5
Elizabeth	3	0.8	0.8	0	0	0
	2	12.98	12.86	-0.12	0	-0.12
Mary Garth	3	1	0	-1	0	-1
	2	12.1	11.72	-0.38	0	-0.38
AMU	3	1	1	0	0	0
	2	29.8	28.8	-1	-2	-3
Alexandra	3	2.44	3.22	0.78	0	0.78
	2	14.7	12.8	-1.9	-0.6	-2.5
Nason	3	1.9	1	-0.9	0	-0.9
	2	16.14	16.46	0.32	-2.02	-1.7
Victoria	3	2.4	1.6	-0.8	0	-0.8
	2	2.64	2.4	-0.24	0	-0.24
Bob Jakin	3	0.8	0	-0.8	0	-0.8
	2	17.34	15.16	-2.18	0	-2.18
Felix Holt	3	1.93	1.93	0	0	0
	2	11.85	10.36	-1.49	0	-1.49
Melly	3	3.23	2.23	-1	0	-1
	2	15.31	12.92	-2.39	0	-2.39
TOTAL		160.46	147.46	-13	-6.22	-19.22

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	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	0	0
	6	11.8	13.1	1.3	0	1.3
	5	40.12	31.41	-8.71	-7	-15.71
ITU	7	11.15	11.83	0.68	0	0.68
	6	7.72	6.68	-1.04	0	-1.04
	5	16.96	15.28	-1.68	0	-1.68
Maternity	7	18.6	18.56	-0.04	0	-0.04
	6(inc%)	63.41	62.01	-1.4	0	-1.4
SCBU	7	1	1	0	0	0
	6	10.1	8.48	-1.62	0	-1.62
	5	10.92	10.92	0	0	0
Theatres	7	3.57	3.57	0	0	0
	6	15.87	13.87	-2	0	-2
	5	51.02	49.02	-2	-4	-6
TOTAL		271.04	254.53	-16.51	-11	-27.51

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

Ward	Grade	Budget	Actual includes offered post	Active Vacancies	Offered Posts	Running total of vacancies including offered posts
A&E	3	4.4	4.2	-0.2	0	-0.2
	2	8.06	7.72	-0.34	-0.64	-0.98
Maternity	3(inc 2)	23.34	15.34	-8	0	-8
SCBU	2	2.76	2.16	-0.6	0	-0.6
Theatres	4	3	3	0	0	0
	3	1.43	1.43	0	0	0
	2	27.36	26.36	-1	0	-1
TOTAL		70.35	60.21	-10.14	-0.64	-10.78

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.
July 2018	79.87	17.6	A decrease of 11.82WTE of RNs and a reduction of 8.58WTE of HCAs
August 2018	63.78	30	A decrease of 16.09WTE in RNs and an increase of 12.4WTE in HCAs

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	17.58	An increase of 13.34 WTE in RN vacancies and a reduction of 4.43WTE in HCA vacancies
July 2018	22.75	9.72	A decrease of 11.53WTE in RN and an decrease of 7.86 WTE in HCAs
August 2018	16.82	23.14	A decrease of 5.93WTE in RNs and an increase of 13.42