

PUBLIC TRUST BOARD MEETING

To be held on Tuesday 2nd October 2018

Title of Report:	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 August 2018.	
Report Summary:	<ul style="list-style-type: none"> • The Trust's fill rate for the August Safe Staffing return was 100.3%. • The average Care Hours Per Patient Day (CHPPD) rate was 8.7 which is a reduction of 2.7 hours from July. 	

	<ul style="list-style-type: none"> • There has been six 'red shift' and six 'red flag' events reported in August with no associated harms reported. • 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=72.62WTE (an increase of 8.84 on the previous month) • HCA=24.22WTE (a decrease of 5.78 on the previous month) <p>Total actual vacancies are:</p> <ul style="list-style-type: none"> • RN/midwife/Registered Practitioners =24.34WTE (an increase of 7.52WTE on the previous month) • HCA =23.62WTE (an increase of 0.48 on previous month) <ul style="list-style-type: none"> • A further internationally recruited nurse has passed their OSCE, been registered with the NMC and has taken up a permanent role on a medical ward.
Recommendation(s):	The Trust Board is asked to accept the August 2018 safe nursing and midwifery staffing report and note ongoing escalation and recruitment actions in place.
Acronyms and Abbreviations	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

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides the update on nursing and midwifery staffing levels for August 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 SDCS 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 August's Safe Staffing return was 100.3%. For registered nurses (RNs), the average fill rate was 94.9% on days and 97.9% on nights. For care staff, the average fill rate was 103.5% on days and 106.7% on nights.

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

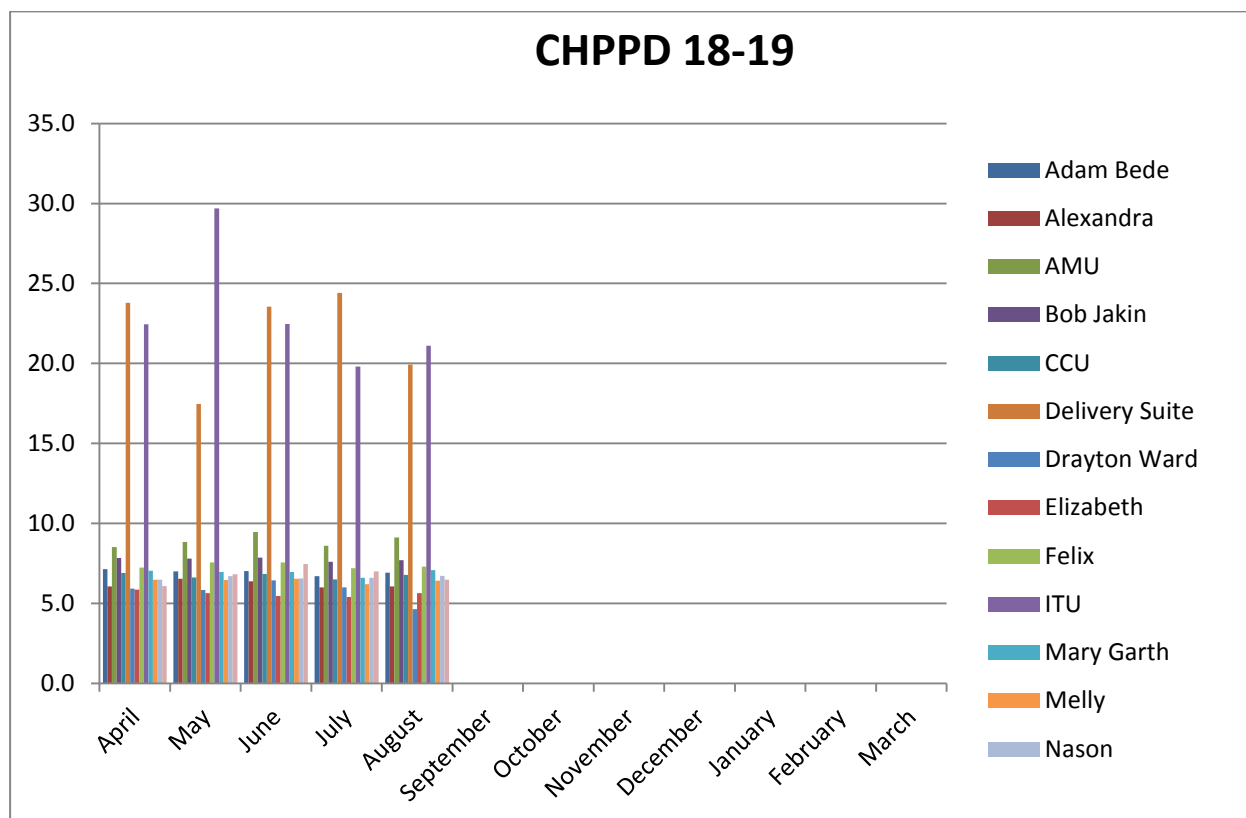
- **Acute Medical Unit** – average fill rate of 111.3% for RNs and 114.2% for care staff on days and 114% RNs and 115.5% care staff on nights. These high percentages reflect the additional staffing required whilst the extra bay remains open.
- **Intensive Care Unit** – ITU has day shift fill rate of 80% and night shift fill rate of 83.9%. This is not a concern as the staff are flexibly rostered depending on the number and acuity of patients in the unit. During August there has been a period of reduced staffing for the acuity of patients. During this time the Matron for ICU and Patient Safety has worked clinically to maintain safety.

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 inefficiencies. 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 August, the CHPPD indicator for George Eliot Hospital ranged between 3.2 – 21.1 and represented an average of 6.2 which is a reduction of 2.7 hours from July. 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 August 2018

Graph 1: Average CHPPD data – GEH wards



3.0 Red shifts and red flag events

In August there have been six 'red shift' and six 'red flag' events reported. These were mainly on night shifts across different wards. A red shift with associated red flag event was reported on Melly, ED, AMU and 2 shifts on Nason and a late shift on Alexandra ward, in each case there has been no associated harm reported. To ensure all wards had the safest staffing levels possible some other core wards were safely reduced to mitigate risk areas. Those areas requiring 1 to 1 'specialling' were also reviewed to ensure establishments met essential requirements to keep areas clinically safe. Skill mix changes were in place to ensure sufficient numbers in clinical areas. The Matron and Capacity manager offered support to the wards during the shift.

In each case the reason was that the bank/agency was unable to fill the shift leading to a shortfall of 8 hours of trained nurse time. 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 (September 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=72.62WTE (an increase of 8.84 on the previous month)
- HCA=24.22 WTE (a decrease of 5.78 on the previous month)

Total actual vacancies are:

- RN/midwife/Registered Practitioners =24.34WTE (an increase of 7.52WTE on the previous month)
- HCA =23.62WTE (an increase of 0.48 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
- Bob Jakin
- Maternity

In August, we have seen an increase in RN vacancies by 7.52WTE. This is across a number of areas and is in line with normal turnover. The number of staff who have been appointed but have not yet started is 72.62WTE 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.

The Surgical division is currently experiencing a high number of vacancies in Nason and Alexandra wards. The Division have sought to address this through specific advertising for the surgical division as well as recruiting through the generic advertising programme. They have also agreed to recruit to rotational posts to allow staff to gain experience in day surgery, elective and emergency environments

There has been a minimal increase in the vacancy numbers for HCAs of 0.48WTE. The 8WTE for maternity which are part of the Birthrate are in the process of being appointed to.

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

5.0 International Recruitment

In August there were no further deployments of International nurses expected. The group has started work on their first conference which will be held in October. The aim of the conference is to celebrate the differences and similarities in nursing here and in their country of origin. One further nurse has passed their OSCE, has registered with the NMC and has taken up a permanent post on a medical ward.

In month the Trust team has met with a representative from IDMedical to discuss the current contract and ensure that we get the maximum value for money and number of recruits in year. IDMedical have agreed to bring a proposal to the table to meet both organisations' needs.

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 – August 2018 (submitted September 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	Registere	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	Total monthly planned staff	Total monthly actual staff	registered nurses/ midwives (%)	fill rate - care staff (%)	registered nurses/ midwives (%)	fill rate - care staff (%)	the month of patients at 23:59 each day	d midwives/ nurses
Specialty 1	Specialty 2																	
Adam Bede	300 - GENERAL		1395	1350	930	975	744	744	744	744	96.8%	104.8%	100.0%	100.0%	551	3.8	3.1	6.9
Alexandra	100 - GENERAL	300 - GENERAL MEDICINE	2325	2122.5	1627.5	1687.5	1488	1488	744	828	91.3%	103.7%	100.0%	111.3%	1010	3.6	2.5	6.1
AMU	300 - GENERAL		3720	4140	2790	3187.5	2232	2544	1860	2148	111.3%	114.2%	114.0%	115.5%	1317	5.1	4.1	9.1
Bob Jakin	300 - GENERAL		1162.5	1125	1395	1350	744	744	1116	1068	96.8%	96.8%	100.0%	95.7%	557	3.4	4.3	7.7
CCU	300 - GENERAL		1395	1372.5	0	0	1116	1008	0	0	98.4%	-	90.3%	-	351	6.8	0.0	6.8
Delivery Suite	501 - OBSTETRICS		1860	1867.5	232.5	232.5	1860	1812	372	372	100.4%	100.0%	97.4%	100.0%	215	17.1	2.8	19.9
Drayton Ward	501 - OBSTETRICS		1627.5	1567.5	465	465	744	744	372	384	96.3%	100.0%	100.0%	103.2%	682	3.4	1.2	4.6
Elizabeth	300 - GENERAL		1627.5	1515	1162.5	1282.5	1116	1116	744	732	93.1%	110.3%	100.0%	98.4%	823	3.2	2.4	5.6
Felix	300 - GENERAL		1627.5	1425	1162.5	1230	744	732	744	768	87.6%	105.8%	98.4%	103.2%	570	3.8	3.5	7.3
ITU	300 - GENERAL		2325	1860	0	0	1860	1560	0	0	80.0%	-	83.9%	-	162	21.1	0.0	21.1
Mary Garth	300 - GENERAL		1395	1342.5	930	982.5	744	744	744	804	96.2%	105.6%	100.0%	108.1%	548	3.8	3.3	7.1
Melly	300 - GENERAL		1627.5	1537.5	1627.5	1695	1116	1104	744	780	94.5%	104.1%	98.9%	104.8%	797	3.3	3.1	6.4
Nason	110 - TRAUMA &	300 - GENERAL MEDICINE	1860	1695	1627.5	1702.5	1116	1092	744	996	91.1%	104.6%	97.8%	133.9%	817	3.4	3.3	6.7
Victoria	100 - GENERAL	110 - TRAUMA &	1395	1327.5	697.5	645	1116	996	0	108	95.2%	92.5%	89.2%	-	475	4.9	1.6	6.5

In August 2018, the overall Trust fill rate was 100.3% and the average CHPPD rate was 8.7

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
17/08/18 Night	Melly	1RN No bank or agency cover available.	None reported	Shortfall of 8 hours registered nurse time
17/8/18 Late	Alexandra	1RN No bank or agency cover available.	None reported	Shortfall of 8 hours registered nurse time
17/08/18 Night	ED	1RN No bank or agency cover available.	None reported	Shortfall of 8 hours registered nurse time
18/8/18 Night	Nason	1RN No bank or agency cover available	None reported	Shortfall of 8 hours registered nurse time
30/8/18 Night	Nason	1RN No bank or agency cover available	None reported	Shortfall of 8 hours registered nurse time

**Current (real time) Band 5, 6 and 7 registered nurse/midwife and HCA vacancies as of
September 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	Runnig total of vacancies including offered posts
Adam Bede	7	1	1	0	0	0
	6	1	1	0	0	0
	5	13.86	14.69	0.83	-4	-3.17
CCU	7	1	1	0	0	0
	6	3.36	3.05	-0.31	0	-0.31
	5	14.66	13.92	-0.74	-2.6	-3.34
Elizabeth	7	1	1	0	0	0
	6	2	2	0	0	0
	5	17.02	17.29	0.27	-3	-2.73
Mary Garth	7	1	1	0	0	0
	6	1	1	0	0	0
	5	13.86	13.08	-0.78	-0.8	-1.58
AMU	7	2	2	0	0	0
	6	9.2	12.08	2.88	0	2.88
	5	29.2	33.6	4.4	-9	-4.6
Alexandra	7	1	1	0	0	0
	6	2	2	0	0	0
	5	24.95	18.57	-6.38	-2.96	-9.34
Nason	7	1	1	0	0	0
	6	2	2	0	0	0
	5	18.9	12.84	-6.06	-2	-8.06
Victoria	7	1	1	0	0	0
	6	1	1	0	0	0
	5	16.5	15.04	-1.46	-1	-2.46
Bob Jakin	7	1	1	0	0	0
	6	1	0.72	-0.28	0	-0.28
	5	12.18	11.72	-0.46	-1	-1.46
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	-1.96	-3.1
Melly	7	1	1	0	0	0
	6	1	1	0	0	0
	5	18.33	17.25	-1.08	-1	-2.08
TOTAL		231.56	221.21	-10.35	-29.32	-39.67

Table 2 – Health Care Assistant vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Active Vacancies	Offered Posts	Runnig total of vacancies including offered posts
Adam Bede	3	0	0	0	0	0
	2	12.1	12.2	0.1	0	0.1
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	0	-1
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	15.06	-1.08	0	-1.08
Victoria	3	2.4	1.6	-0.8	0	-0.8
	2	2.64	3.36	0.72	0	0.72
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	147.02	-13.44	-0.6	-14.04

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	Runnig 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	34.69	-5.43	-10.96	-16.39
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(inc5)	63.41	62.21	-1.2	-5	-6.2
SCBU	7	1	1	0	0	0
	6	10.1	8.48	-1.62	0	-1.62
	5	10.92	9.96	-0.96	0	-0.96
Theatres	7	3.57	3.57	0	0	0
	6	15.87	13.87	-2	-2	-4
	5	51.02	49.02	-2	-1	-3
TOTAL		271.04	257.05	-13.99	-18.96	-32.95

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	Runnig total of vacancies including offered posts
A&E	3	4.4	5.8	1.4	0	1.4
	2	8.06	6.08	-1.98	0	-1.98
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	60.17	-10.18	0	-10.18

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
September 2018	72.62	24.22	An increase of 8.84WTE of RNs and a decrease of 5.78WTE in HCAs

Table 6 – Running total of actual vacancies

Month	Total number of RN/Midwife/Registered Practitioner	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 13.42WTE in HCAs
September 2018	24.34	23.62	An increase of 7.52WTE in RNs and a slight increase of 0.48WTE in HCAs