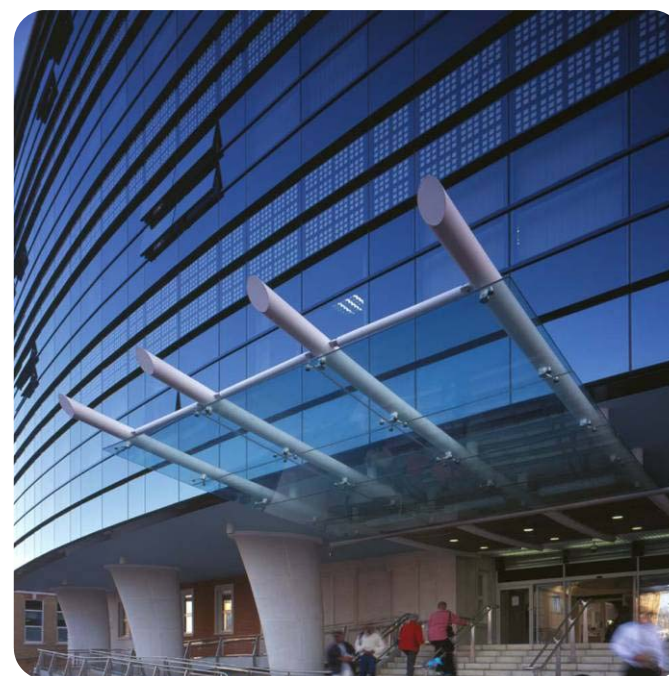
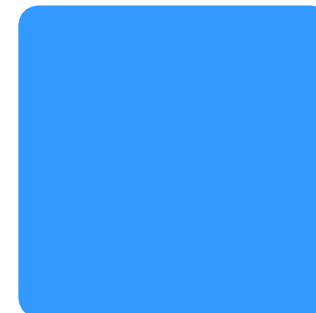


Staffing levels at King's

March 2014



Nursing and Midwifery workforce information has been routinely presented to the Quality and Governance Committee, a subcommittee of the Board, for the last 3- 4 years. Actual establishments on each ward, the required establishments predicted by the Safer Nursing Care Tool (an evidence based, nationally used tool which takes into account workload generated by patient acuity), vacancies, Bank and Agency Usage, percentage of qualified to unqualified staff, and quality indicators for each ward area have been included in this report.

We are modifying this report in order to meet the more recent requirements of the NQB report "How to ensure the right people, with the right skills are in the right place at the right time" (NQB 2013).

This document requires us to:

1. Report on staffing capacity and capability, using evidence based tools (Such as the Safer Nursing Care Tool) every six months.
2. Provide information on planned and actual staffing on a shift by shift basis at ward level to the Board every month (this information is now planned to be collected by NHS England on a Monthly basis).

In relation to (1) the following pages provide a workforce report for each area at the DH and PRUH sties. A guide to the column headings is given below:

Est WTE: the budgeted number of nursing and health care assistant staff in each ward.

Acuity: using the Safer Nursing Care Tool to assess the acuity of the patients, this figure is the number of WTE staff that is ideally required to provide appropriate care. If patients are sicker, the workload is higher and the staff requirement is therefore higher

B/Ag: The number of Bank and Agency staff used during the month, in addition to the permanent staff

Q vs Uq: The percentage of qualified to unqualified staff within the establishment

Adm/Trans: This shows the number of patient movements in and out of the ward, to give an impression of how busy the ward is in relation to patient turnover

Pressure ulcers Grade 3 and Grade 4: This is the number of more serious grade 3 and 4 pressure ulcers, which is an indicator of quality of care.

Falls Mod and Major: This is the number of more serious falls, also an indicator of quality of care.

Kings at Denmark Hill (DH)– workforce summary

Appropriateness of ward establishments: The use of the Safer Nursing Care Tool (SNCT) to ascertain an appropriate level of staff given the patient acuity is performed on all of the in-patient adult wards. Similar tools for use in paediatric areas, maternity wards are in development but are not available for use now.

In general ward areas, the results available show that establishments are correct in the majority of areas, with a tolerance of plus or minus 5WTE. In some areas the actual level of staff is higher than the SCNT suggests, but this could be due to the ward having a high patient turnover (for example, medical admission units Oliver and RDL), a more challenging casemix (Marjorie Warren is a speciality area for patients with dementia, and Sam Oram Ward houses the coronary care unit) or the ward staff are also responsible for additional areas (eg Brunel and Coptcoat also have admission lounges with additional patients). This assessment therefore demonstrates that the establishments at DH are broadly appropriate

B/Ag: Bank and Agency staff are additional temporary staff. The use of Bank and Agency is high and this is due mainly to unfilled vacancies, sickness and patients needing additional 1:1 care.

Qualified to Unqualified : The right ratio of qualified to unqualified staff varies between specialities. An internal standard is that this should not fall below 60:40. The levels on most wards are better than 60:40, on Donne ward there are active plans to review this.

Serious Falls and Pressure Ulcers were low at DH in March

Kings at Princess Royal (PRUH) workforce summary

Appropriateness of ward establishments: Fewer of the Wards at PRUH have adequate establishments, this was found during due diligence prior to acquisition and work is on going to rectify this. In the short term, Bank and agency staff are being appointed to fill gaps in staffing, consequently the Bank and Agency figures are high. The actual ratio of nurses to patients is therefore also reported, to provide an additional level of assurance regarding safety. Ratios of higher than 1 nurse to 8 patients have been shown to result in more incidents of infections, pressure ulcers and falls. The ratios of better than 1:8 are being achieved once temporary staff are included in the figures.

Qualified to unqualified ratios are not yet available at the PRUH given the large numbers of vacancies and the fact that final establishments have not yet been agreed in all areas.

There were a 4 moderate and major falls at the PRUH in March

Ward	Workforce Data				Adm/Tran ressure Ulcer s/Be			Falls	
	Est Wte	Acuity data	B/Ag	Q vs Uq	Adm/trans	Grade 3	Grade 4	Mod	Major
Surgery									
Brunel	25.42	22.40	0.00	73:27	146	0	0	0	0
Lister	39.86	No data	6.15	78:22	165	0	0	0	0
Mathew Whiting	38.30	43.10	13.73	77:23	92	0	0	1	0
ASU	51.00	34.70	10.38	65:35	n/a	0	0	0	0
Coptcoat	19.20	18.70	6.62	5:01	199	0	0	0	0
Liver/Renal									
Trundle	25.80	20.60	0.00	69:31	99	0	0	0	0
Todd	32.30	32.10	10.96	75:25	274	0	0	0	0
Dawson	29.00	No data	8.34	72:28	204	0	0	0	0
LITU	102.80	n/a	27.87	95:05	169	0	0	0	0
Fisk	33.47	24.60	6.85	84:16	139	0	0	0	0
Cheere	18.75	No data	0.00	62:38	190	0	0	0	0
Howard	25.80	22.00	4.87	70:30	118	0	0	0	0
Haematology									
DMU	30.40	23.60	0.00	84:16	18	0	0	0	0
Davidson	28.70	26.00	9.67	84:16	91	0	0	0	0
Waddington	21.20	14.10	1.31	86:14	27	0	0	0	0
Elf & Libra	17.00	23.40	13.58	84:16	132	0	0	0	0
TEAM									
Byron	27.10	32.70	7.86	65:35	100	0	0	0	0
ACFU (Cystic)	13.00	10.20	2.18	100:00	99	0	0	0	0
Donne	49.30	49.20	16.34	56:44	120	0	0	0	0
Lonsdale	41.40	34.20	8.40	67:33	198	1	0	0	0
M. Warren	43.80	51.50	10.98	62:38	85	0	0	0	0
Mary Ray	46.80	50.20	16.55	70:30	178	0	0	0	0
Oliver	44.40	42.60	10.39	70:30	637	0	0	0	0
Twinning	46.80	43.00	14.56	65:35	227	0	0	0	0
AZ	41.40	30.20	10.24	70:30	325	0	0	0	0
AAU	32.00	n/a	2.78	68:32	n/a	0	0	0	0
RDL AMU	44.60	39.80	0.00	65:35	668	0	0	0	4

Ward	Workforce Data				Adm/Trans Pressure Ulcers/Be			Falls	
	Est Wte	Acuity data	B/Ag	Q vs Uq	Adm/trans	Grade 3	Grade 4	Mod	Major
Cardiac									
V&A	29.50	24.70	3.03	88:12	224	0	0	0	0
HDU	22.12	n/a	6.76	81:19	153	0	0	0	0
CRU	19.08	n/a	5.29	100:00	n/a	0	0	0	0
Sam Oram	46.50	38.10	8.57	86:14	356	0	0	0	0
Cath lab	22.00	n/a	1.33	100:00	n/a	0	0	0	0
Cotton	37.86	37.60	7.66	75:25	263	0	0	0	0
Women's									
K. Monk	27.00	32.60	10.82	80:20	220	0	0	0	0
W. Gilliatt	67.41	n/a	11.20	n/a	1019	0	0	0	0
NBC	75.52	n/a	18.56	n/a	1347	0	0	0	0
Neuro									
K. Wilson	30.67	31.10	12.01	70:30	109	0	0	0	0
Dmarsden	51.58	49.80	27.76	64:36	186	0	0	0	0
MF	48.88	39.90	13.79	74:26	219	0	0	0	0
HDU	34.80	n/a	8.00	93:07	58	0	0	0	0
FCRU	19.90	27.50	6.12	72:28	6	0	0	0	0
Friends	58.31	49.60	13.72	71:28	200	0	0	0	0
Children's									
T&G	32.66	19.20	4.67	76:24	173	0	0	0	0
RoS	36.59	23.30	2.92	87:13	112	0	0	0	0
Lion	19.92	14.00	2.69	85:15	92	0	0	0	0
PE	20.68	19.10	2.40	90:10	141	0	0	0	0
TC5	68.22	n/a	14.45	87:13	33	0	0	0	0
NICU	90.52	n/a	24.57	93:07	120	0	0	0	0
Ambulatory	11.68	n/a	0.24	54:46	259	0	0	0	0
E D	149.83	n/a	47.62	n/a	n/a	0	0	0	0
CCTD									
Christine Brown ICU	77.81	n/a	27.05	n/a	95	0	0	0	0
SCCU+MCCU	170.50	n/a	69.64	n/a	95	0	0	0	0
Anaes	37.68	n/a	2.71	n/a	n/a	0	0	0	0
Neuro	35.99	n/a	4.49	n/a	n/a	0	0	0	0
Cardiac	15.17	n/a	1.41	n/a	n/a	0	0	0	0
Recovery	33.49	n/a	0.00	n/a	n/a	0	0	0	0
Theatre 1-6	23.86	n/a	4.76	n/a	n/a	0	0	0	0
Theatre 7, obs, nights	30.28	n/a	7.05	n/a	n/a	0	0	0	0
Theatre 8, 9 +10	22.68	n/a	2.82	n/a	n/a	0	0	0	0
Radiology	13.00	n/a	3.11	n/a	n/a	0	0	0	0
Breast	2.40	n/a	0.42	n/a	n/a	0	0	0	0
N. Med	2.00	n/a	0.00	n/a	n/a	0	0	0	0
Pain	5.00	n/a	0.00	n/a	n/a	0	0	0	0
DSU	92.00	n/a	0.00	n/a	n/a	0	0	0	0
Guthrie	29.48	25.60		83:17	170	0	0	0	5

Area		Workforce Data					Adm/Trans/Be ds PT T/Over			Pressure Ulcers		Falls	
Division	Wards	Est	Acuity	Total B/Ag Wte	Total B/Ag Wte		Adm/trans	Beds	Ratio	Grade 3	Grade 4	Mod	Major
					Bank	Agency							
TEAM	Surgical 1	25.33	34.10	23.34	13.10	10.24	40	20	1;7	0	0	0	0
TEAM	Surgical 2	25.33	34.40	13.56	6.14	7.42	28	20	1;7	0	0	0	0
TEAM	Medical 1	18.00	15.40	22.30	5.65	16.65	55	12	1;6	0	0	0	0
TEAM	Medical 2	26.89	32.80	17.55	4.87	12.68	65	20	1;5	0	0	0	0
TEAM	Medical 3	24.32	22.70	15.82	5.95	9.87	63	20	1;7	0	0	0	1
TEAM	Medical 4	23.31	32.60	16.07	5.35	10.72	81	20	1;5	0	0	0	0
TEAM	Medical 6	24.30	28.20	13.35	3.90	9.45	82	20	1;7	0	0	0	0
TEAM	Medical 7	24.31	30.90	16.23	7.45	8.78	137	20	1;5	0	0	0	0
TEAM	Med 9	37.42	44.20	16.15	5.92	10.23	450	28	1;5	0	0	0	0
TEAM	EAU	37.42	40.70	11.64	4.76	6.88	524	28	1;5	0	0	0	0
TEAM	Farnborough	30.54	39.70	32.27	12.29	19.98	63	25	1;5	0	0	0	0
Surgery	Surgical 3	27.73	22.70	12.19	4.68	7.51	257	20	1;5	0	0	1	0
(new est)	Surgical 4	23.00	16.20	13.28	9.34	3.94	263	14	1;5	0	0	0	0
Surgery	Surgical 5	38.77	35.40	10.66	3.61	7.05	156	28	1;6	0	0	0	1
Surgery	Surgical 6	29.71	28.20	11.56	7.52	4.04	156	20	1;6	0	0	0	0
Surgery	Surgical 7	42.00	45.70	25.39	13.50	11.89	81	28	1;6	0	0	0	0
Surgery	Quebec	28.00	n/a	0.00	0	0	0	n/a		0	0	0	0
Surgery	Bodington	33.00	22.50	7.53	4.54	2.99	157	28	1;5	0	0	0	0
Gynae	Surgical 8	22.24	17.10	15.09	11.89	3.20	177	16	1;5	0	0	0	0
Network	Medical 8/CCU	51.41	57.50	31.43	16.31	15.12	88	32	1;5	0	0	0	0
Network	Chartwell	22.94	17.50	10.46	5.63	4.83	467	12		0	0	0	0
Network	Med 5 - S	38.50	34.20	4.63	1.43	3.20	54	26	1;5	0	0	0	0
Network	Med 5 - H	40.72	19.70	28.75	7.05	21.70	119	20	1;4	0	0	1	0
Childrens	Children's ward	18.20	n/a	6.44	4.80	1.64	193	12	1;4	0	0	0	0
CCTD	ITU	43.52	n/a	14.57	4.96	9.61	44	10	n/a	0	0	0	0
ED	ED	71.12	n/a	37.82	11.4	26.42		0	n/a	0	0	0	0
Total				428.08	182.04	246.04						6	

To provide some assurance of the safety of staffing levels, daily collection of patient to nurse ratio data has been taking place since January 2014, and a number of objectives have been identified:

- To assure a minimum level of safety, the aim is to have a maximum of 8 patients to 1 nurse, preferably lower
- Substantive staff percentage to be greater than temporary staffing percentage
- The person in charge should be substantive member of staff
- Staff are required to move between wards to support achievement of adequate ratios
- Challenge of staffing the wards with high vacancy factor

In order to meet new national reporting requirements, in future daily data collection will include establishment, vacancies, expected ratios, actual ratios and percentage split between substantive staff and temporary staff

Staff availability:

- The highest risk in terms of provision of a safe and appropriate workforce, is the current high level of vacancies, and the over-reliance on bank and agency staff. The PRUH currently has over 240 wte vacancies for N&M while the Denmark Hill vacancies are around 10.47%. Vacancies currently exist across all divisions with the highest number in Medicine and Surgery.

We also need to improve our governance around sickness absence and turnover. The level of sickness absence for registered nursing and midwifery staff is not available due to e-rostering issues. Turnover is 10.67% at DH, but is not yet available for the PRUH.

Bank and agency utilisation

- The DH site used 620 wtes in this quarter, an increase of 100 wtes since last quarter. Of the 620 wtes, 71% was bank and 29% agency with an unfilled rate of 14%.
- The PRUH site used 471 wtes in February 2014, an increase of 50 wtes this quarter, consisting of 47% bank and 53% agency with an unfilled rate of 13%.

Recruitment

- Centralised recruitment for all band 5 nurses including the introduction of a talent pool commenced on 20th January. This involves KCH as first view on RCN and NHS jobs website, plus an e-shot to 4550 nurses.
- Recruitment to the Philippines has taken place and has been very successful. 150 nurses were recruited with a reserve of 25 to account for attrition. Recruitment of 65 band 5 nurses to critical care areas via the Pulse contract has begun.
- A Job fair is taking place at the PRUH site on 26th April and marketed on both KCH and RCN websites and there was a press release in News Shopper.

Therefore: although our establishments appear to be fit for purpose and we have assurances that staffing gaps are usually rectified by use of temporary staff, the new monthly report will show the numbers of staff planned and the actual number of staff who were available on shift. These figures will be available by ward in the public domain.

Priorities are to continue active recruitment as above, and track progress, and improve the functionality and use of the E-roster, to generate more robust information on sickness and turnover.