

Monthly Nurse Staffing Levels Report June 2014

Geraldine Walters
Director of Nursing



KING'S HEALTH PARTNERS

Nurse Staffing Levels - June

- Recent national guidance now requires Trusts to:
 1. Report on staffing capacity and capability, using evidence based tools every six months. The first report was provided to the Trust Board at the May meeting and is now available on the Trust website.
 2. Provide information on planned and actual staffing on a shift by shift basis at ward level to the Board every month, uploading the information to NHS England on a monthly basis. The report attached is the second report which provides this information for all inpatient sites at King's College Hospital NHS Foundation Trust.
- There was a delay in providing the guidance for completing the documentation by NHS England and as such many Trusts struggled to deliver the completed document in time. KCH successfully submitted the required data but in reviewing the data post submission there were mistakes. This has been acknowledged by the centre and acceptance that this is work in progress which will improve in accuracy over time. To assist us in this process KPMG carried out an audit of the submitted data and are assisting in the process to improve accuracy.
- There are 2 charts attached, one for wards at PRUH and one for Denmark Hill. On each chart, the columns show the number of hours of registered nursing that have been planned and the number of hours actually available on each shift, and the number of hours of healthcare assistant time and those that were actually available during the day and during the night (ie the number of staff who were rostered for duty, and the number actually available to work on the shift, in hours).
- The “actual” average nurse to patient ratio for each ward during the day and the night on each ward is shown in columns to the right of the sheet
- The cells highlighted in Red are those shifts where the actual hours were more than 15% less than the planned hours. In these cases, local managers have provided detail on why this was the case or how this was managed in the “Action” column

Safer Staffing Numbers – June 2014 – Denmark Hill

Ward Name	Planned RN/RMW Day	Actual RN/RMW Day	%	Planned HCA/MSW Day	Actual HCA/MSW Day	%	Planned RN/RMW Night	Actual RN/RMW Night	%	Planned HCA/MSW Night	Actual HCA/MSW Night	%	Action taken by HON/Matron where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Adult Cystic Fibrosis Unit	1155	1005	87%	0	0	100%	725	679	94%	0	12	100%	
Annie Zunz	2340	2078	89%	1500	1380	92%	1553	1426	92%	1150	1024	89%	
Brunel	966	1104	114%	472	529	112%	1006	1024	102%	311	334	107%	
Byron	1403	1178	84%	1568	1575	100%	966	817	85%	932	1024	110%	ward operating at green / amber levels. 3 beds closed until September supporting safe nursing levels
Cheere Ward	1277	1116	87%	345	391	113%	690	667	97%	345	598	173%	
Christine Brown CCU	5808	5647	97%	391	391	100%	5785	5664	98%	391	391	100%	
Coptcoat Ward	1415	1300	92%	311	460	148%	989	1047	106%	230	403	175%	
Cotton	2250	2205	98%	1350	1365	101%	1392	1357	98%	368	437	119%	
David Marsden	2438	2864	117%	1058	2047	193%	2427	2898	119%	1070	2082	195%	
Davidson	1725	1639	95%	679	587	86%	1403	1288	92%	667	679	102%	
Dawson	1725	1645	95%	955	1162	122%	1518	1541	102%	989	1219	123%	
Derek Mitchell Unit	1725	1742	101%	679	661	97%	1058	1127	107%	391	851	218%	
Donne	2423	2265	94%	1800	1815	101%	1438	1392	97%	1093	1150	105%	
ELF & LIBRA Ward	1495	1604	107%	598	667	112%	1277	1369	107%	621	690	111%	
Fisk Ward	1990	1863	94%	357	805	226%	1691	1668	99%	368	805	219%	
Frank Cooksey	1553	1523	98%	1785	1935	108%	736	828	113%	1415	1484	105%	
Frederick Still (Newborn Unit)	5026	5681	113%	0	0	100%	5026	5750	114%	0	0	100%	
Guthrie Ward	1990	1771	89%	357	529	148%	1162	1116	96%	357	403	113%	
Howard Ward	1265	1208	95%	598	552	92%	1093	1070	98%	403	414	103%	
ICU/HDU	5371	5641	105%	345	288	83%	5371	5583	104%	345	345	100%	
Katherine Monk	2250	2093	93%	900	803	89%	1380	1369	99%	345	357	103%	
Kinnier Wilson	1587	1518	96%	1024	1242	121%	1472	1415	96%	897	1070	119%	
Kinnier Wilson HDU	2116	2139	101%	334	299	90%	2116	2139	101%	276	219	79%	
Lion	1058	1035	98%	322	334	104%	1035	1035	100%	138	230	167%	
Lister	2749	2312	84%	1380	1265	92%	2093	1932	92%	1047	1254	120%	
Liver ICU	6659	6325	95%	230	621	270%	6670	6279	94%	253	552	218%	
Lonsdale	2288	2070	90%	1740	2168	125%	1760	1702	97%	1093	1484	136%	
Marjorie Warren	2475	2415	98%	1793	1823	102%	1461	1518	104%	1058	1231	116%	
Mary Ray	2805	2363	84%	1358	1530	113%	1955	1794	92%	1035	1081	104%	ward operating at green or amber levels
Matthew Whiting	2082	2105	101%	1599	1518	95%	1725	1737	101%	1150	1047	91%	
Medical Critical Care Unit	4888	5112	105%	345	276	80%	4876	5192	106%	345	230	67%	
Murray Falconer	2266	2093	92%	759	1162	153%	2116	2036	96%	759	1012	133%	
Oliver	3278	3143	96%	900	1178	131%	2139	2128	99%	667	771	116%	
William Gilliatt	3174	3128	99%	2289	2323	102%	2611	2576	99%	2059	1898	92%	ward operating at green level
Princess Elizabeth	1196	1070	89%	311	322	104%	1081	1047	97%	276	230	83%	
R D Lawrence	3150	2520	80%	900	1080	120%	2070	1668	81%	690	782	113%	ward operating at amber levels. 'Transfer team' role unfulfilled first to ensure safe levels at the bedside. 3 red shifts in month, escalated and covered by Matron
Rays Of Sunshine	2404	2185	91%	322	311	96%	2197	1967	90%	311	230	74%	
Recovery Ward	1346	1167	87%	23	35	150%	1173	1024	87%	12	35	300%	
Sam Oram	1380	1242	90%	690	656	95%	1047	989	95%	23	506	2200%	
Sam Oram CCU	1350	1350	100%	450	518	115%	1035	1035	100%	0	115	#DIV/0!	
The Friends Stroke Unit	3165	3458	109%	1688	1845	109%	2346	2530	108%	1196	1392	116%	
Thomas Cook CCCC	3933	3588	91%	368	380	103%	3887	3600	93%	380	368	97%	
Todd	2381	1742	73%	966	989	102%	2197	1685	77%	863	805	93%	
Toni & Guy	2059	2036	99%	334	357	107%	1760	1748	99%	35	299	867%	
Trundle	1472	1323	90%	368	633	172%	1208	1012	84%	506	690	136%	
Twining	2948	2310	78%	1478	1298	88%	2093	1645	79%	1139	1001	88%	ward operating at green or amber levels. 1 red shift in month, covered by the ward sister.
V&A HDU Ward	1564	1553	99%	380	345	91%	1392	1426	102%	345	368	107%	
Victoria & Albert	1380	1265	92%	345	403	117%	1035	1012	98%	12	58	500%	
Waddington	1035	1035	100%	403	380	94%	1035	1047	101%	0	0	100%	

Safer Staffing Numbers – June 2014 - PRUH

Ward Name	Day Planned RN	Day Actual RN	%	Day Planned HCA	Day Actual HCA	%	Night Planned RN	Night Actual RN	%	Night Planned HCA	Night Actual HCA	%	Action taken by Matron where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Surgical Ward 1	1346	1231	91%	1035	1990	192%	1070	1081	101%	449	1461	326%	number of specials used to provide safe care
Surgical Ward 2	1369	1305	95%	1012	1685	166%	1070	1052	98%	414	1150	278%	specials being used to provide safe care
Medical Ward 1	541	702	130%	621	679	109%	552	702	127%	357	391	110%	All shifts filled. Some nurse specials. Agency used to supplement ward. New staff in pipeline. Night HCAs reduced to 1.
Medical Ward 2	1139	1208	106%	897	1001	112%	1093	1196	109%	575	598	104%	
Medical Ward 3	1231	1104	90%	1012	1564	155%	1070	1070	100%	506	1173	232%	All shifts filled. Some HCA nurse specials. 1 RMN x 1 week. High vacancy rate. Most shifts covered by Agencies rather than NHSP. HCAs reduced across the day. Impact to be reviewed.
Medical Ward 4	1346	1127	84%	690	1058	153%	1035	1035	100%	345	529	153%	All shifts filled. Some HCA nurse specials. High vacancy rate. Most shifts covered by Agencies rather than NHSP. HCAs reduced across the day. Impact to be reviewed.
Medical Ward 6	1323	1323	100%	690	771	112%	1058	1104	104%	368	782	213%	
Medical Ward 7	1380	1277	93%	771	1001	130%	1104	1070	97%	644	782	121%	
Medical Ward 9	2070	2047	99%	690	955	138%	1714	1737	101%	391	920	235%	
Emergency Assessment Unit (EAU)	2139	2001	94%	759	805	106%	1909	1748	92%	610	805	132%	
Farnborough Ward	1886	1852	98%	1323	1714	130%	1541	1518	99%	920	1415	154%	specials being used to provide safe care
Surgical Ward 3	1541	1564	101%	690	702	102%	1139	1185	104%	437	449	103%	
Surgical Ward 4	1219	1104	91%	725	817	113%	828	771	93%	713	897	126%	
Surgical Ward 5	1909	1840	96%	1012	1415	140%	1438	1449	101%	759	1116	147%	
Surgical Ward 6	1553	1438	93%	644	874	136%	1242	1185	95%	483	644	133%	
Surgical Ward 7	1944	1967	101%	1541	1806	117%	1541	1541	100%	1403	1737	124%	
Boddington (ORP)	1978	1323	67%	1001	587	59%	1127	748	66%	414	345	83%	Staffing levels are flexed depending on number of patients on ward, weekend staffing levels are lower still as few patients on ward.
Surgical Ward 8	1277	1219	96%	690	702	102%	1104	1058	96%	426	426	100%	Overall nursing numbers were met on the ward.
Medical Ward 8	1415	1357	96%	690	886	128%	1254	1185	95%	702	828	118%	
Coronary Care Unit (CCU)	1380	1461	106%	23	173	750%	1035	1035	100%	345	345	100%	
Chartwell Unit	920	1058	115%	575	679	118%	989	1047	106%	368	426	116%	
Med 5 - S	1507	1461	97%	1024	1070	104%	1415	1380	98%	840	932	111%	
Med 5 - H	2220	2197	99%	713	805	113%	2128	2093	98%	713	725	102%	
Childrens Ward	1104	1098	99%	322	299	93%	1058	1075	102%	265	219	83%	
Intensive Care Unit	3151	3329	106%	345	81	23%	3151	3404	108%	345	196	57%	
Maternity Unit (PRU)	1380	1300	94%	1035	909	88%	1035	1001	97%	702	713	102%	
Special Care Baby Unit	1001	943	94%	12	115	1000%	1001	978	98%	0	81	700%	

Aggregated Figures

Planned	% of actual
RN day DH	96%
HCA Day DH	116%
RN Night DH	98%
HCA Night DH	140%
RN day PRUH	97%
HCA Day PRUH	144%
RN Night PRUH	99%
HCA PRUH	163%

Interpretation

- Where actual levels of registered nurses or health care assistants are less than planned levels, this can be as a result of vacancies or sickness, which it has either not been possible to fill with temporary staff, or the staff in charge at the time have decided that they are able to manage the workload without the need to fill the gap. It is therefore reasonable that a gap of less than 15% is usually acceptable and manageable.
- Where gaps are greater than 15%, in some cases this is because beds were empty, or on assessment of the workload, the staffing levels were believed to be adequate, and this decision is supported by an acceptable, if not optimum, ratio of nurse to patients.
- Where actual levels of registered nurses are greater than planned levels, this is sometimes as a result of increased workload or acuity which requires staffing above the planned level.
- In a number of instances, the actual number of Health Care assistants is greater than planned. There are a number of reasons why this may be the case.
 - If there are patients requiring constant observation, for example, because they are confused or at risk of falling, additional healthcare assistants are used to provide 1:1 care. There has been a high use on both Denmark Hill and the PRUH sites
 - If there are gaps in trained nurses, but Bank staff are not available, a decision to use additional health care assistants might be the next best option especially if this is as a result of late cancellations of bank or agency nurses or sickness.
 - Some skewing of the HCA figures also occurs in areas where trained nurses from overseas are undertaking a supernumary preparation period, and during that time they are not included in registered nurse numbers

Summary

- There is little evidence to define an optimum nurse staffing level. This is because in different clinical settings there are too many variables that affect quality and safety, including patient acuity, level of competence and experience of the staff, ward layout, patient turnover, level of wider organisational support (e.g. IT support, administrative assistance). There is some evidence to suggest that where a nurse to patient ratios is greater than 1:8, safety is compromised. However 1:8 should not be the gold standard or the target for all the reasons listed above and ratios should not be more than 1:8.
- The sheets demonstrate that ratios of nurses to patients are better than 1:8 in the majority of cases on both sites, even when there are gaps in staffing levels.
- Use of bank and agency at the PRUH has continued to be high due to inherited poor establishments and vacancies which are slow to fill.
- We will carry out staffing reviews across all sites twice a year. This has commenced with a peer review of all acuity scores and consideration of NHPPD to ensure effective staffing.