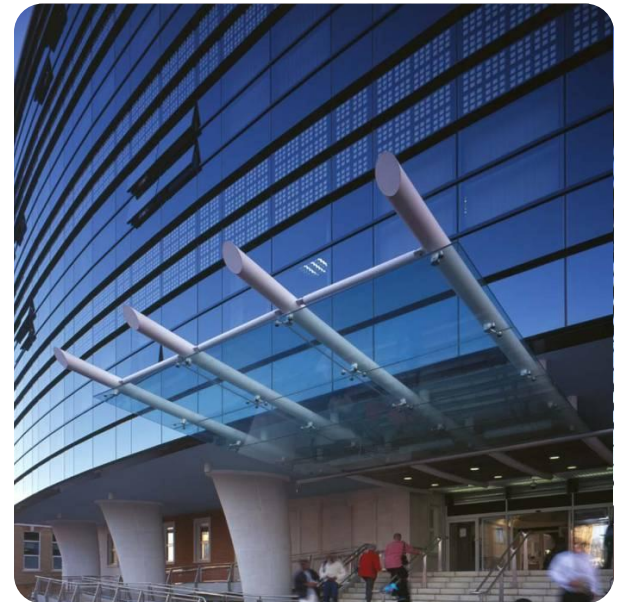


Monthly Nurse Staffing Levels Report July 2014

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KING'S HEALTH PARTNERS

Nurse Staffing Levels - July

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 third report which provides this information for all inpatient sites at King's College Hospital NHS Foundation Trust.
- KCH has successfully submitted the required data but in reviewing the data post submission there were mistakes. To assist us in this process KPMG have carried out monthly audits of the submitted data and are assisting in the process to improve accuracy. Errors are still being made but these are much fewer now and are usually due to changes in rota not being reflected on the report.
 - 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 – July 2014 – Denmark Hill

Ward Name	Shift pattern	Planned RN/RMW Day	Actual RN/RMW Day	%	Planned HCAMSWS Day	Actual HCAMSWS Day	%	Planned RN/RMW Night	Actual RN/RMW Night	%	Planned HCAMSWS Night	Actual HCAMSWS Night	%	RN/RMW on Day shift	RN/RMW on Night shift	No. of Pts per nurse - Day Shift	No. of Pts per nurse - Night Shift	No. of Beds	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	3	1163	1095	94%	0	30	400%	713	690	97%	0	69	600%	2	2	4	5	9	HCA's shifts are additional to establishment and required when caring for medical patients with greater nursing needs than CF patients
Annie Zunz	3	2205	2220	101%	1388	1298	94%	1507	1576	105%	1070	1116	104%	5	4	5	6	25	Additional HCAs for 1-1 nursing, above usual establishment
Brunel	2	1001	1087	109%	598	598	100%	920	926	101%	437	437	100%	3	3	7	8	20	
Byron	3	1553	1418	91%	1245	1358	109%	782	794	101%	736	851	116%	3	2	6	9	19	Additional HCAs for 1-1 nursing, above usual establishment
Cheere Ward	2	1300	1173	90%	357	437	123%	713	679	95%	368	541	147%	3	2	4	7	14	
Christine Brown CCU	2	5704	5744	101%	357	426	119%	5704	5894	103%	357	368	103%	16	17	1	1	18	
Coptcoat Ward	2	1507	1265	84%	322	598	186%	1173	1081	92%	253	345	136%	4	3	4	5	15	
Cotton	3	2310	2243	97%	1403	1590	113%	1610	1484	92%	748	897	120%	5	4	5	6	26	
David Marsden	2	2496	2289	92%	1070	2087	195%	2496	2369	95%	1070	1587	148%	6	7	5	5	31	Additional HCAs recorded are ONP nurses who have yet to obtain their PINs but are no longer supernumerary
Davidson	2	1783	1731	97%	702	725	103%	1484	1426	96%	713	794	111%	5	4	4	4	17	
Dawson	2	1691	1541	91%	713	978	137%	1530	1438	94%	713	989	139%	4	4	5	5	21	
Derek Mitchell Unit	2	1783	1645	92%	713	730	102%	1139	1139	100%	414	736	178%	5	3	3	5	15	
Donne	3	2535	2348	93%	1860	2018	108%	1438	1553	108%	1081	1254	116%	5	4	6	7	30	Additional HCAs for 1-1 nursing, above usual establishment
ELF & LIBRA Ward	2	1725	1645	95%	690	719	104%	1484	1392	94%	713	713	100%	5	4	3	4	16	
Fisk Ward	2	1932	1921	99%	357	794	223%	1541	2001	130%	357	966	271%	5	6	3	3	16	
Frank Cooksey	3	1515	1485	98%	1538	1950	127%	828	817	99%	1070	1288	120%	3	2	5	7	15	
Frank Stansil Critical Care	2	5014	5175	103%	357	265	74%	5014	5221	104%	357	334	94%	15	15	1	1	10	
Frederick Still (Newborn Unit)	2	5014	5359	107%	23	23	100%	5014	5279	105%	0	0	100%	15	15	2	2	34	
Guthrie Ward	2	2093	2001	96%	345	449	130%	1139	1150	101%	357	437	123%	6	3	4	7	21	HCA establishment increased by .6WTE, increased usage of both RN's & HCAs due to 1:1 specials of patients.
Howard Ward	2	1334	1288	97%	621	598	96%	1047	1058	101%	357	357	100%	4	3	4	5	16	
Jack Steinberg Critical Care	2	5739	5744	100%	357	414	116%	5739	5767	101%	357	288	81%	16	16	1	1	20	
Katherine Monk	3	2325	2190	94%	900	1073	119%	1449	1449	100%	368	483	131%	5	4	5	6	24	
Kinnier Wilson	2	1783	1771	99%	1058	1277	121%	1507	1472	98%	782	1104	141%	5	4	4	5	20	
Kinnier Wilson HDU	2	2139	2128	99%	357	253	71%	2139	2128	99%	46	23	50%	6	6	2	2	11	HCAs under due to vacancies in posts. 1 HCA took up a position mid way through July. HDU able to manage patient care safely without HCAs due to 1:2 RN/patient ratio
Lion	2	1001	1012	101%	311	403	130%	1001	1035	103%	173	357	207%	3	3	4	3	10	
Lister	2	2760	2588	94%	1369	1369	100%	2197	2151	98%	1162	1185	102%	7	6	3	4	25	
Liver ICU	2	6521	6475	99%	391	115	29%	6739	6659	99%	391	173	44%	18	19	1	1	19	Staffing level met without HCA.
Lonsdale	3	2310	2055	89%	1395	2130	153%	1783	1622	91%	851	1472	173%	4	5	6	5	25	Additional HCAs for 1-1 nursing, above usual establishment: minimum of 2 patients requiring 24hr 1-1 nursing >4 weeks
Marjorie Warren	2	2528	2235	88%	1860	2160	116%	1507	1392	92%	1150	1438	125%	6	4	5	8	30	Additional HCAs for 1-1 nursing, above usual establishment
Mary Ray	3	2768	2355	85%	1395	1560	112%	1829	1484	81%	1070	1357	127%	5	4	6	7	30	Additional HCAs for 1-1 nursing, above usual establishment
Matthew Whiting	2	1955	2139	109%	1529.5	1679	110%	1426	1690.5	118.55%	713	713	100%	6	5	4	5	26	
Murray Falconer	2	2197	2128	97%	713	1254	176%	2128	2128	100%	713	1070	150%	6	6	5	5	30	Additional HCAs recorded are ONP nurses who have yet to obtain their PINs but are no longer supernumerary
Oliver	3	3233	2873	89%	930	1403	151%	2185	1863	85%	713	897	126%	6	5	5	6	30	Additional HCAs for 1-1 nursing, above usual establishment
Paediatric Short Stay	2	713	587	82%	357	391	110%	713	587	82%	357	357	100%	2	2	30	30	50	newly opened unit with high band 5 vacancy until september. Cross cover arranged from paediatric wards. Matron worked clinically
Princess Elizabeth	2	1334	1087	81%	357	345	97%	1139	1012	89%	161	207	129%	3	3	4	4	11	staff moved around across all paediatric wards to make safe
R D Lawrence	3	3195	2490	78%	960	1515	158%	2013	1725	86%	713	851	119%	5	5	5	6	28	Additional HCAs for 1-1 nursing, above usual establishment. RN staffing operating at AMBER level. RED shifts supported by Matron
Rays Of Sunshine	2	2220	2013	91%	334	380	114%	2116	1863	88%	334	345	103%	6	5	3	4	19	
Recovery Ward	2	1392	1288	93%	58	81	140%	1311	1254	96%	23	35	150%	4	4	5	5	17	
Sam Oram	2	1415	1254	89%	610	736	121%	1081	966	89%	23	437	1900%	4	3	5	6	17	HCA est has recently changed and not been updated on the app as per staffing allocations. In addition there were a large number of specials for higher acuity cases. Ward managers to adjust info for app ASAP
Sam Oram CCU	3	1395	1395	100%	465	352.5	76%	1069.5	1035	97%	0	115	#DIV/0!	3	3	3	3	8	
The Friends Stroke Unit	3	3240	3203	99%	1635	1845	113%	2335	2300	99%	1173	1231	105%	7	6	4	4	29	
Thomas Cook CCCC	2	3945	3657	93%	345	334	97%	3945	3588	91%	345	322	93%	10	10	1	1	14	
Todd	2	2047	1714	84%	989	1173	119%	1863	1702	91%	794	1035	130%	5	5	4	4	21	
Toni & Guy	2	2059	1507	73%	345	345	100%	1875	1507	80%	253	334	132%	4	4	4	4	15	staff moved around across all paediatric wards to make safe
Trundle	2	1564	1438	92%	437	679	155%	1058	840	79%	644	713	111%	4	2	4	7	16	
Twining	3	2775	2160	78%	1395	1425	102%	1840	1461	79%	1070	1093	102%	5	4	6	7	28	ward operating at AMBER levels for most shifts. RED shifts supported by Matrons
V&A HDU Ward	2	1587	1587	100%	345	414	120%	1507	1622	108%	357	472	132%	4	5	2	2	10	
Victoria & Albert	2	1380	1277	93%	334	414	124%	1104	1024	93%	69	196	283%	4	3	5	6	18	Specials required for acuity cases. Also occasionally HCA booked in lieu of an unfilled RN shift - then staff moved around the ward areas to make staffing staff - this should be reflected as part of the RAG status i.e. amber shifts. Again not reflected in staffing app as not usual to have HCA on night shift here.
Waddington	2	1058	1081	102%	426	518	122%	1070	1071	100%	69	127	183%	3	3	3	3	9	
William Gilliat	2	2944	3266	111%	2070	1990	96%	2737	2944	108%	1921	1932	101%	9	8	5	6	50	

Safer Staffing Numbers – July 2014 - PRUH

Division	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	%	RN/RMW on Day shift	RN/RMW on Night shift	No. of Pts per nurse - Day Shift	No. of Pts per nurse - Night Shift	No. of Beds	Action taken by Matron where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Surgery	Boddington (ORP)	2139	1231	58%	1070	518	48%	1070	713	67%	357	345	97%	3	2	8	14	27	Currently not utilising full bed capacity, requiring less staff
Network	Chartwell Unit	1024	1035	101%	644	690	107%	1024	1058	103%	644	483	75%	3	3	4	4	12	Patient acuity and needs reviewed daily with senior nursing staff to maintain patient safety. High RN vacancy rate, shifts mostly filled by agency. 8 shifts in July run with 1 RN short(bank unfilled) Shifts operating at green or amber level.
Childrens	Childrens Ward	1001	1012	101%	299	265	88%	1001	1001	100%	219	184	84%	3	3	4	4	12	Beds closed to make safe
Network	Coronary Care Unit (CCU)	1380	1380	100%	92	230	250%	1093	1104	101%	322	391	121%	4	3	3	4	12	
TEAM	Emergency Assessment Unit (EAU)	2174	2024	93%	713	702	98%	1863	1702	91%	598	736	123%	6	5	5	6	28	
TEAM	Farnborough Ward	2047	1921	94%	1599	2530	158%	1507	1426	95%	932	2312	248%	5	4	5	6	25	
CCTD	Intensive Care Unit	3209	3128	97%	357	173	48%	3209	3128	97%	357	184	52%	9	9	1	1	10	3.0 WTE HCAs in recruitment process, starting between now and October. HCA complete competencies and have spacialist role in ITU which is hard for temp HCAs bank or Ag to fulfill so try not to book shifts via NHSP for Bk/Ag HCAs unless substantive staff working extra shifts, as not cost effective otherwise. RNs can absorb this workload for a temporary period until recrtuiement complete. Once up to establishment with recruitment above should be nearing 100% cover for day and night shift.
Womens	Maternity Unit (PRU)	1150	1415	123%	863	909	105%	955	1219	128%	679	725	107%	4	3	8	9	30	
Network	Med 5 - H	2116	2024	96%	771	759	99%	2116	2093	99%	725	736	102%	6	6	2	2	14	
Network	Med 5 - S	1484	1472	99%	1093	1070	98%	1461	1449	99%	840	782	93%	4	4	6	6	26	
TEAM	Medical Ward 1	345	713	207%	610	702	115%	345	713	207%	345	449	130%	2	2	6	6	12	
TEAM	Medical Ward 2	1288	1219	95%	725	903	125%	1139	1058	93%	449	592	132%	3	3	6	7	20	
TEAM	Medical Ward 3	1196	1173	98%	1012	1219	120%	1001	1081	108%	472	794	168%	3	3	6	7	20	
TEAM	Medical Ward 4	1277	1277	100%	713	817	115%	1104	1104	100%	391	518	132%	4	3	6	6	20	
TEAM	Medical Ward 6	1426	1254	88%	713	851	119%	1162	1116	96%	449	690	154%	4	3	6	6	20	
TEAM	Medical Ward 7	1426	1380	97%	1070	1116	104%	1104	1081	98%	449	702	156%	4	3	5	7	20	
Network	Medical Ward 8	1415	1369	97%	702	759	108%	1116	1116	100%	713	828	116%	4	3	5	6	20	
TEAM	Medical Ward 9	2116	2082	98%	702	679	97%	1875	1760	94%	495	713	144%	6	5	5	6	28	
Childrens	Special Care Baby Unit	1817	1714	94%	12	196	1700%	1829	1725	94%	0	127	1100%	5	5	2	2	12	
TEAM	Surgical Ward 1	1403	1150	82%	1058	2047	193%	1081	1058	98%	414	1633	394%	3	3	6	7	20	
TEAM	Surgical Ward 2	1426	1357	95%	1070	1921	180%	1162	1133	98%	541	1605	297%	4	3	5	6	20	
Surgery	Surgical Ward 3	1610	1553	96%	748	771	103%	1173	1162	99%	437	472	108%	4	3	5	6	20	There has been a number fallers across surgery last month and some days with noted increase in ward activity and acuity. Additionals CSWs have been booked to make the wards safe. There were also shifts that we were RN short and have covered it with CSWs.
Surgery	Surgical Ward 4	1196	1139	95%	690	828	120%	851	794	93%	702	782	111%	3	2	4	6	14	There has been a number fallers across surgery last month and some days with noted increase in ward activity and acuity. Additionals CSWs have been booked to make the wards safe. There were also shifts that we were RN short and have covered it with CSWs.
Surgery	Surgical Ward 5	2036	1967	97%	1070	1369	128%	1656	1587	96%	840	1139	136%	6	4	5	6	28	There has been a number fallers across surgery last month and some days with noted increase in ward activity and acuity. Additionals CSWs have been booked to make the wards safe. There were also shifts that we were RN short and have covered it with CSWs.
Surgery	Surgical Ward 6	1714	1576	92%	713	840	118%	1346	1300	97%	506	621	123%	4	4	5	5	20	There has been a number fallers across surgery last month and some days with noted increase in ward activity and acuity. Additionals CSWs have been booked to make the wards safe. There were also shifts that we were RN short and have covered it with CSWs.
Surgery	Surgical Ward 7	2013	1898	94%	1668	1771	106%	1748	1702	97%	1564	1702	109%	5	5	5	6	28	There has been a number fallers across surgery last month and some days with noted increase in ward activity and acuity. Additionals CSWs have been booked to make the wards safe. There were also shifts that we were RN short and have covered it with CSWs.
womens	Surgical Ward 8	1323	1300	98%	713	702	98%	1093	1058	97%	391	403	103%	4	3	4	5	16	RN Staffing ratio of 1:5 maintained day and night.

Aggregated Figures

Planned	% of actual
RN day DH	94%
HCA Day DH	124%
RN Night DH	97%
HCA Night DH	158%
RN day PRUH	96%
HCA Day PRUH	176%
RN Night PRUH	102%
HCA PRUH	175%

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 or a requirement for RMN cover.
- 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.
- A staffing review is currently being carried out and will be repeated across all sites twice a year. This has commenced with a peer review of all acuity scores and consideration of nurses per bed to ensure effective staffing.