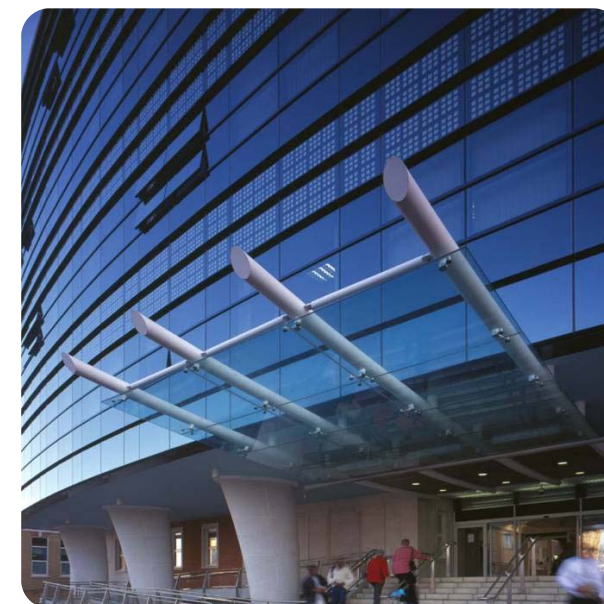


Monthly Nurse Staffing Levels Report for October 2014

Geraldine Walters
Director of Nursing
Board of Directors Meeting
25 November 2014

King's



KING'S HEALTH PARTNERS

Nurse Staffing Levels – October 2014

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 sixth 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 – September 2014 – Denmark Hill

Ward Name	Shift pattern	Planned R/R/MW Day	Actual R/R/MW Day	%	Planned HCA/MSW Day	Actual HCA/MSW Day	%	Planned R/R/MW Night	Actual R/R/MW 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	3	1088	908	83%	0	30	400%	713	713	100%	0	0	100%	
Annie Zunz	3	2220	2115	95%	1395	1313	94%	1449	1426	98%	1070	1024	96%	
Brunel	3	1415	1277	90%	621	564	91%	1058	759	72%	357	357	100%	Reduced beds due to ongoing ward refurbishment reflects reduced staffing levels particularly for night shift. Expected completion date 2nd week of Dec
Byron	3	1560	1583	101%	1215	1358	112%	1070	1139	106%	483	679	140%	
Cheere Ward	2	1300	1104	85%	357	357	100%	736	736	100%	357	380	106%	
Christine Brown CCU	2	5704	5946	104%	357	506	142%	5704	5957	104%	357	397	111%	
Coptcoat Ward	2	1668	1380	83%	357	564	158%	1081	989	91%	288	426	148%	
Cotton	2	1783	1760	99%	1070	1081	101%	1426	1380	97%	357	564	158%	
David Marsden	2	2496	1932	77%	1070	2105	197%	2496	1852	74%	1070	1967	184%	
Davidson	2	1783	1696	95%	667	765	115%	1415	1392	98%	357	621	174%	Ward operating at safe staffing levels.
Dawson	2	1622	1541	95%	702	667	95%	1426	1369	96%	690	679	98%	Ward operating at safe staffing levels.
Derek Mitchell Unit	2	1783	1691	95%	357	454	127%	1070	1070	100%	380	403	106%	Ward operating at safe staffing levels.
Donne	3	2055	1958	95%	1860	1740	94%	1265	1104	87%	1254	1116	89%	Ward operating at safe staffing levels.
ELF & LIBRA Ward	2	1783	1650	93%	702	656	93%	1426	1380	97%	702	713	102%	Ward operating at safe staffing levels.
Fisk Ward	2	2001	1714	86%	357	345	97%	1426	1254	88%	357	357	100%	Ward operating at safe staffing levels.
Frank Cooksey	3	1358	1185	87%	1455	1388	95%	828	805	97%	840	828	99%	Ward operating at safe staffing levels.
Frank Stansil Critical Care	2	4991	5049	101%	357	374	105%	4991	4991	100%	357	322	90%	Ward operating at safe staffing levels.
Frederick Still (Newborn Unit)	2	4991	5934	119%	12	12	100%	4991	5946	119%	0	0	100%	Ward operating at safe staffing levels.
Guthrie Ward	2	2093	1852	88%	357	460	129%	1104	1093	99%	357	368	103%	Ward operating at safe staffing levels.
Howard Ward	2	1311	1288	98%	633	610	96%	1070	1070	100%	357	368	103%	Ward operating at safe staffing levels.
Jack Steinberg Critical Care	2	5704	5750	101%	357	339	95%	5704	5601	98%	357	299	84%	
Katherine Monk	2	2852	2680	94%	1426	1426	100%	2139	1921	90%	1070	1277	119%	Ward operating at safe staffing levels.
Kinnier Wilson	2	1783	1829	103%	1070	1208	113%	1426	1438	101%	713	978	137%	Ward operating at safe staffing levels.
Kinnier Wilson HDU	2	2139	2208	103%	334	437	131%	2139	2243	105%	184	161	88%	Ward operating at safe staffing levels.
Lion	2	1012	1029	102%	357	437	123%	1035	978	94%	0	104	900%	Ward operating at safe staffing levels.
Lister	2	2220	1978	89%	943	1047	111%	1242	1139	92%	725	725	100%	Ward operating at safe staffing levels.
Liver ICU	2	5865	6360	108%	104	12	11%	5785	6222	108%	184	92	50%	
Lonsdale	3	2325	2430	105%	1395	1440	103%	1783	1748	98%	725	771	106%	
Marjorie Warren	2	2940	2423	82%	1875	2010	107%	1438	1426	99%	1081	1139	105%	Rn's on day shift are 6
Mary Ray	3	2663	2340	88%	1395	1500	108%	1783	1426	80%	1070	1369	128%	
Matthew Whiting	2	2036	1955	96%	1438	1495	104%	1426	1369	96%	966	1035	107%	
Murray Falconer	2	2634	2381	90%	794	1104	139%	2312	1760	76%	736	1081	147%	ONPs awaiting PIN numbers currently working as HCAS
Oliver	3	3233	3285	102%	915	1005	110%	2174	2277	105%	713	782	110%	
Paediatric Short Stay	2	690	610	88%	345	460	133%	713	690	97%	345	380	110%	
Princess Elizabeth	2	1288	1052	82%	345	368	107%	1093	966	88%	207	207	100%	
R D Lawrence	3	3255	3090	95%	930	1245	134%	2208	1794	81%	713	782	110%	
Rays Of Sunshine	2	2450	2202	90%	380	339	89%	2197	1990	91%	357	293	82%	Although this ward is showing red at night for HCA the activity is less - there is 1 HCA vacancy and the ward ensures that the shifts are covered where appropriate.
Recovery Ward	2	1403	1380	98%	58	35	60%	1162	1139	98%	12	12	100%	
Sam Oram	2	1426	1323	93%	633	897	142%	1081	1035	96%	69	644	933%	
Sam Oram CCU	3	1395	1388	99%	450	405	90%	1070	1058	99%	0	115	#DIV/0!	
The Friends Stroke Unit	3	3255	3120	96%	1620	1785	110%	2496	2300	92%	1116	1346	121%	
Thomas Cook CCCC	2	3922	3358	86%	357	345	97%	3933	3347	85%	357	368	103%	
Todd	2	2047	1852	90%	1035	1196	116%	1806	1668	92%	736	771	105%	
Toni & Guy	2	1932	1576	82%	322	276	86%	1817	1392	77%	184	311	169%	
Trundle	2	1225	995	81%	667	656	98%	897	828	92%	587	426	73%	
Twining	3	2790	2198	79%	1380	1403	102%	1794	1403	78%	1070	1104	103%	Currently 13 Rn vacancy which has led to unused rn hours
V&A HDU Ward	2	1645	1622	99%	334	334	100%	1449	1426	98%	357	403	113%	
Victoria & Albert	2	1426	1403	98%	334	345	103%	1070	1012	95%	0	104	900%	
Waddington	2	1070	1093	102%	357	368	103%	1070	1058	99%	127	173	136%	
William Gilliat	2	3128	3122	100%	2082	1840	88%	2208	2174	98%	1645	1702	104%	

Safer Staffing Numbers – October 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 HON/Matron where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Surgery	Boddington (ORP)	2059	1645	80%	1047	840	80%	1070	966	90%	368	322	88%	5	3	5	8	23	
Network	Chartwell Unit	1208	1288	107%	1024	863	84%	1070	1070	100%	391	713	182%	4	3	3	4	12	
Childrens	Childrens Ward	1001	1438	144%	334	299	90%	1035	1553	150%	115	81	70%	4	4	3	3	12	
Network	Coronary Care Unit (CCU)	1438	1449	101%	46	58	125%	1093	1070	98%	368	368	100%	4	3	3	4	12	Ward operating at safe staffing numbers
TEAM	Emergency Assessment Unit (EAU)	2220	2139	96%	736	782	106%	1863	1817	98%	736	817	111%	6	5	5	5	28	
TEAM	Farnborough Ward	2070	1909	92%	1162	1748	151%	1530	1449	95%	989	1541	156%	5	4	5	6	25	
CCTD	Intensive Care Unit	3209	3197	100%	357	219	61%	3209	3128	97%	357	253	71%	9	9	1	1	10	
Womens	Maternity Unit (PRU)	1380	1380	100%	1001	932	93%	1081	1104	102%	725	656	90%	4	3	8	10	30	Ward operating at safe staffing numbers
Network	Med 5 - H	2139	2093	98%	713	725	102%	2139	2082	97%	713	702	98%	6	6	2	2	14	Ward operating at safe staffing numbers
Network	Med 5 - S	1426	1392	98%	1058	1035	98%	1426	1415	99%	817	725	89%	4	4	7	7	26	Ward operating at safe staffing numbers
TEAM	Medical Ward 1	138	759	550%	426	794	186%	138	759	550%	265	564	213%	2	2	6	6	12	
TEAM	Medical Ward 2	1334	1196	90%	1047	1403	134%	1070	1070	100%	495	725	147%	3	3	6	7	20	
TEAM	Medical Ward 3	1403	1242	89%	736	1150	158%	1093	1070	98%	380	759	200%	3	3	6	7	20	
TEAM	Medical Ward 4	1357	1231	91%	736	1035	141%	1070	1081	101%	357	460	129%	3	3	6	7	20	
TEAM	Medical Ward 6	1380	1254	91%	690	1070	155%	1081	1058	98%	368	943	256%	4	3	6	7	20	
TEAM	Medical Ward 7	1392	1300	93%	1093	1093	100%	1093	1047	96%	414	575	139%	4	3	5	7	20	Ward operating at safe staffing numbers
Network	Medical Ward 8	1369	1403	103%	713	771	108%	1081	1093	101%	713	759	106%	4	3	5	7	20	Ward operating at safe staffing numbers
TEAM	Medical Ward 9	2139	2323	109%	713	794	111%	1806	2105	117%	472	771	163%	7	6	4	5	28	
Childrens	Special Care Baby Unit	1035	1116	108%	23	69	300%	1070	1058	99%	12	58	500%	3	3	4	4	12	
TEAM	Surgical Ward 1	1357	1162	86%	1070	1679	157%	1081	1081	100%	403	1001	249%	3	3	6	7	20	
TEAM	Surgical Ward 2	1346	1139	85%	1070	1357	127%	1081	1075	99%	380	834	220%	3	3	6	7	20	
Surgery	Surgical Ward 3	1610	1564	97%	782	851	109%	1070	1070	100%	345	368	107%	4	3	5	7	20	
Surgery	Surgical Ward 4	1323	1081	82%	805	702	87%	794	725	91%	713	713	100%	3	2	5	7	14	RN vacancies/ WM at times counted in numbers
Surgery	Surgical Ward 5	2001	1967	98%	1081	1564	145%	1426	1461	102%	713	1196	168%	6	4	5	7	28	high acuity and very dependent patients required extra HCA
Surgery	Surgical Ward 6	1668	1553	93%	725	1035	143%	1208	1116	92%	449	679	151%	4	3	5	6	20	patients that are falls risk and very dependent required extra HCA
Surgery	Surgical Ward 7	1760	1886	107%	1564	1783	114%	1449	1426	98%	1438	1495	104%	5	4	5	7	28	Ward operating at safe staffing numbers
womens	Surgical Ward 8	1334	1300	97%	713	702	98%	1070	1047	98%	299	322	108%	4	3	4	5	16	Ward operating at safe staffing numbers 4

Aggregated Figures – Oct 2014

October 2014

Planned	% of actual
RN day DH	94%
HCA Day DH	113%
RN Night DH	94%
HCA Night DH	157%
RN day PRUH	111%
HCA Day PRUH	122%
RN Night PRUH	114%
HCA PRUH	149%

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.