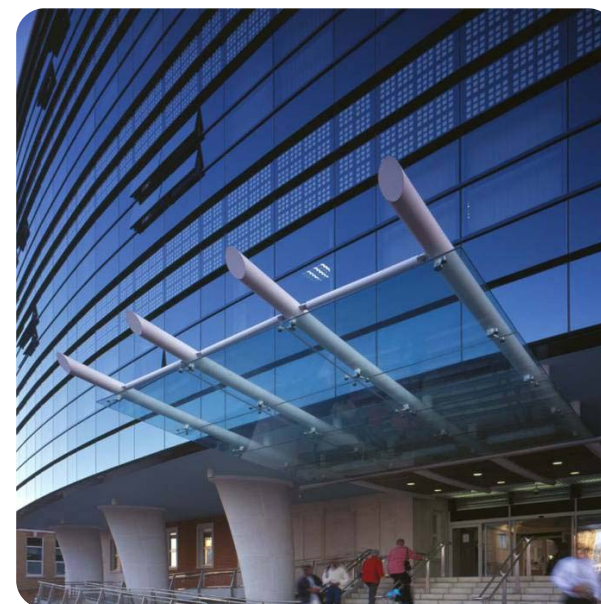


Monthly Unify Staffing Report (August 2016)

5th October 2016
Board Meeting



KING'S HEALTH PARTNERS

Report to:	Board Directors
Date of meeting:	5th October 2016
Subject:	Monthly Unify Staffing Report (August 2016)
Author(s):	Maria Donbavand
Presented by:	Paula Townsend
Sponsor:	Paula Townsend
History:	Monthly Nursing, Midwifery and Care staff numbers to the Board
Status:	For Information

Legal:	Patients have a right to be cared for by appropriately qualified and experienced staff in safe environments. This right is enshrined within the national Health Service (NHS) Constitution, and the NHS Act 1999 makes explicit the board's corporate accountability for quality. Nurses' responsibilities regarding safe staffing are stipulated by the Nursing and Midwifery council (NMC).
Financial:	Nursing is the largest professional group in the Trust and consumes a large amount of resource. Cost efficiency is therefore paramount
Assurance:	This report provides assurance and evidence on nursing workforce.
Clinical:	Nursing is a key component in provision of good patient experience and harm free care
Equality & Diversity:	There are no issues or implications relating to equality and diversity within this report
Performance:	This report highlights achievements against national and local key performance indicators
Strategy:	The contents of this report is directly aligned to the Trust Nursing and Midwifery Objectives
Workforce:	This report will inform Trust's Nursing and Midwifery Workforce Strategy.
Estates:	There are no implications
Reputation:	Poor nursing care would have a deleterious effect on the reputation of the Trust
Other:(please specify)	n/a

This report provides assurance to the Board of Directors on the safety of the Nursing and Midwifery staffing levels across the Trust during **August 2016** and provides details of the actual hours of Nursing, Midwifery and Health Care Assistant (HCA) time on day and night shifts versus planned staffing levels.

We are also submitting Nursing Hours Per Patient Day (NHPPD) as per Department of Health requirements. The benchmark is still to be agreed but the details of these hours are recorded in appendix 3-4.

KEY POINTS

- The number of staff required per shift is calculated using an evidence based tool, based on the level of Acuity of the patients. This is further informed by professional judgement, taking into consideration issues such as ward size and layout, patient dependency, staff experience, incidence of harm and patient satisfaction and is in line with NICE guidance. This gives us the optimum **planned** number of staff per shift
- For each of the **76** clinical inpatient areas in August, the **actual** number of staff as a percentage of the planned number is recorded. The overall figures are shown below.

Safer Staffing Fill rate - August 2016		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	91%	135%
PRUH	95%	100%

The report explores in detail where there was a variance of greater than **15%** between actual fill rates and planned staffing levels.

Across the Trust, the (*combined*) average actual level of **registered nursing staff** was within 15% of the levels planned across all shifts.

At Denmark Hill

In **August** there were **21** clinical areas where the actual number of **Healthcare assistants** was more than 115% above the planned level, and 3 areas where the levels were less than 85% of those planned. (*numbers are based on combined day and night average*)

At PRUH

In **August** there were **4** clinical areas where the actual number of **Healthcare assistants** was more than 115% above the planned level and **6** areas where the levels were less than 85% of those planned. (*numbers are based on combined day and night average*)

Summary of Report 2/2

Understaffing

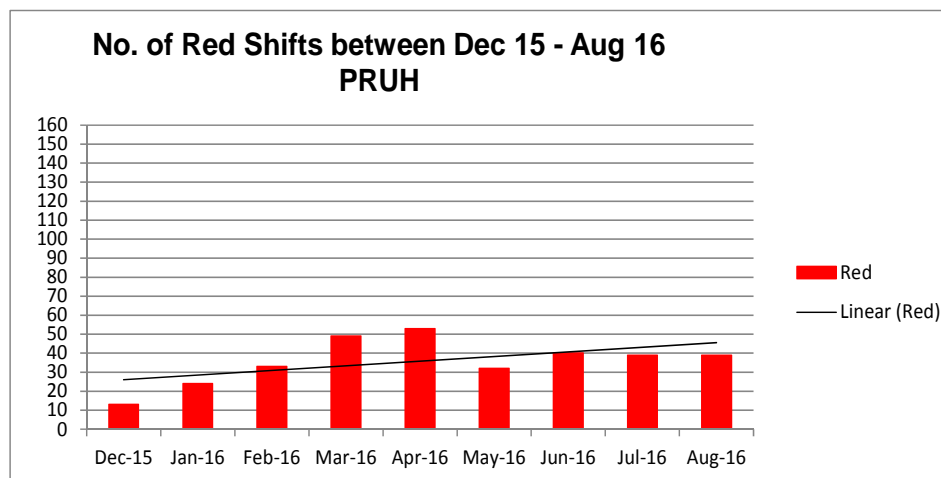
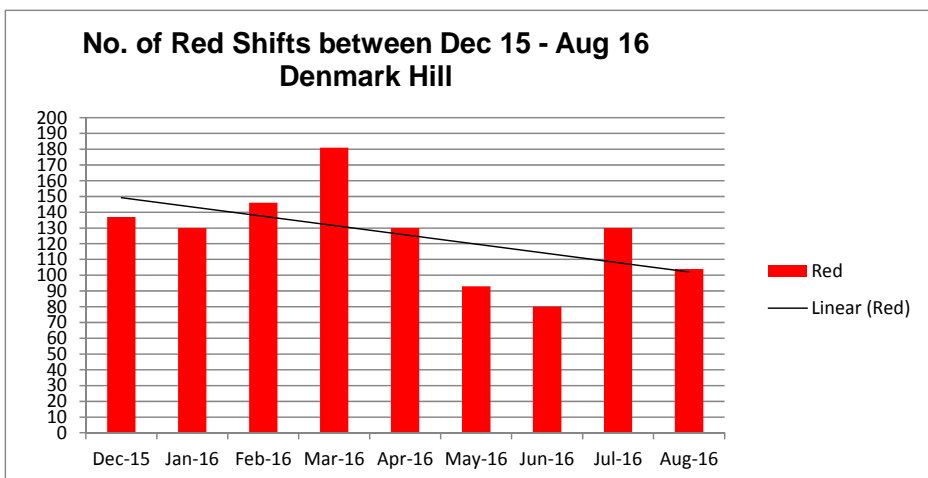
- On average across the Trust staffing levels for Registered nurses did not fall below 85% over the month with the exception of a number of wards. The exception reports at the end of the presentation highlight reasons for this and how the shift was made safe and all are reported on our red shift reporting system

(appendix 1 - 2) . A red shift occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level. In total there were **143 Red shifts** declared in **August**. The majority of these were at Denmark Hill and associated with increased acuity, vacancies or bank/agency failing to fill the shifts. In each case local managers assess the situation and make a judgement about whether moving staff from a better staffed areas is required to maintain safety.

Where there are instances of hours exceeding those planned, the reasons particularly in relation to HCAs are as follows:

- Extra staff required on an ad hoc basis to "special" high risk/vulnerable patients which has increased
- Overseas Nurses awaiting their NMC registration are recorded as unregistered,
- HCA usage is increased to minimise the impact of reduced RN fill rates
- Where the planned staffing level is only one person, an increase of one member of staff on a few occasions generates a large percentage increase.

In summary the actual number of additional healthcare assistants used is less than the percentage would suggest, usage is subject to controls and is decreasing.



ACTION REQUIRED

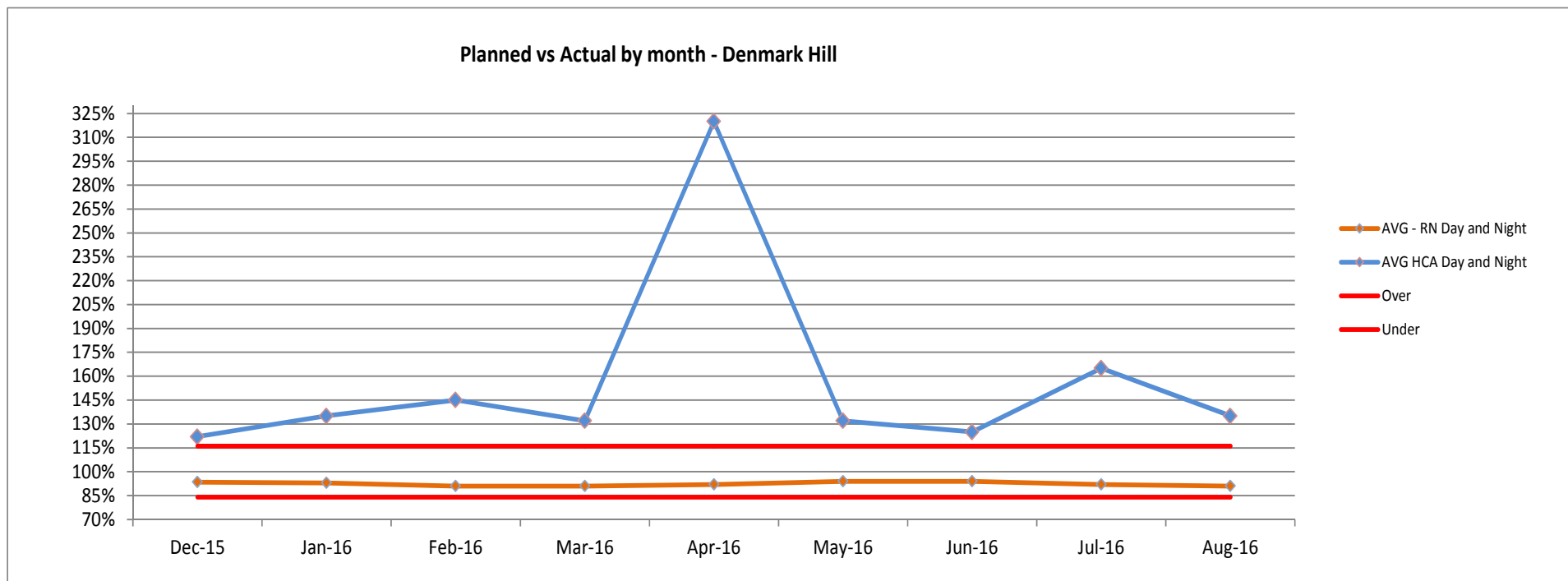
- The Board is asked to note the report.

Trends and patterns, Nursing hours: Planned Vs. Actual – Denmark Hill

The summary below is based on 46 in-patient wards across the Denmark Hill site for August.

- ❑ **RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **August** was 9% below plan. This is an increase of 1% compared to the previous month and is within acceptable limits.
- ❑ **HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **August** was 35% above plan. This is a decrease of 30% from the previous month.

Safe Staffing levels - taken from NHS choices - 20.09.2016	
Hospital	% Against Planned (RNs) Day/Night
St Thomas Hospital	98%
Imperial (St Mary's)	97%
Kings College Hospital - DH	91%



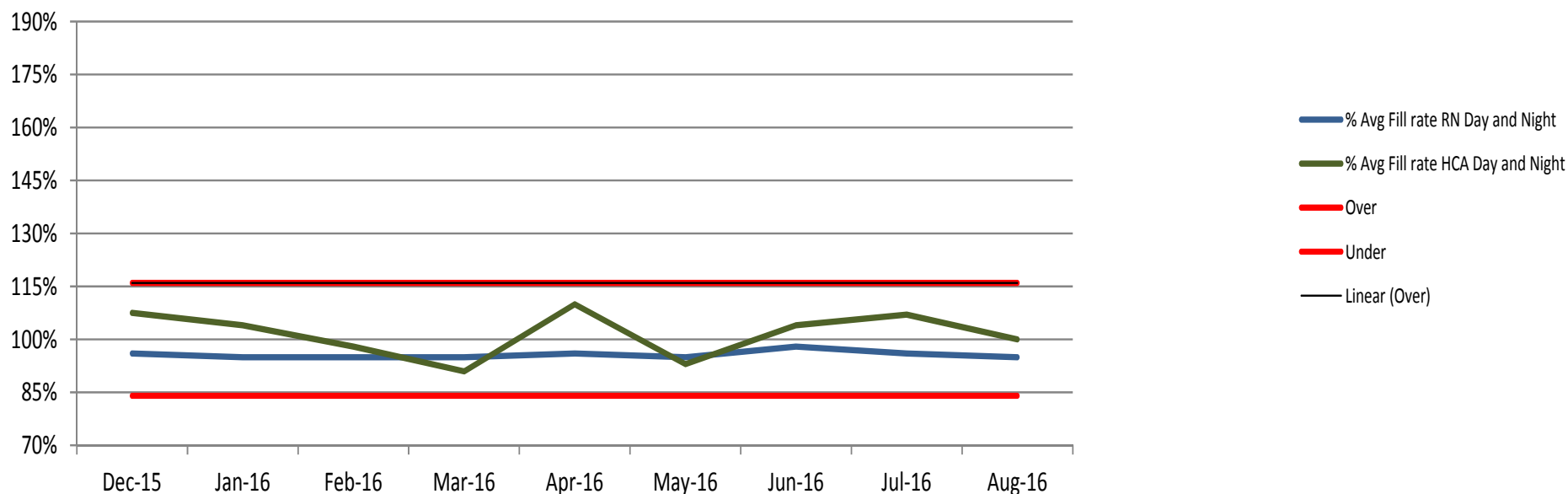
Trends and patterns, Nursing hours: Planned Vs. Actual – PRUH

The summary below is based on 30 in-patient wards across the PRUH site in August.

- ❑ **RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **August** was 5% below plan. This is a decrease of 1% compared to the previous month and is within acceptable limits.
- ❑ **HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **August** was as per the plan. This is a decrease of 7% from the previous month.

Safe Staffing levels - taken from NHS choices - 20.09.2016	
Hospital	% Against Planned (RNs) Day/Night
Croydon University Hospital	95%
University Hospital Lewisham	98%
Kings College Hospital - PRUH	95%

Planned Vs Actual by month - PRUH



HCA and RN staffing levels – Lower than Planned - August

Division	Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
CCTD	Frank Stansil Critical Care	There is currently a HCA vacancy within this ward however patient care is not affected as staff moved around appropriately.
Children's	Thomas Cook CCCC	Vacancies exist however will be filled for September - staff moved around from other ward to support where required to ensure patient safety is not affected.
Children's	DH-The Children's Surgical Ward	Additional HCAs required at night.
Haematology	ELF & LIBRA Ward	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Haematology	Derek Mitchell Unit	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Haematology	Waddington	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Liver and Renal	Dawson	Dawson ward has higher number of HCAs as they use HCA to supplement the RNs due to vacancy and long term sickness. The ward operates moderately safe depending on the acuity of the patients.
Liver and Renal	Liver Intensive Care Unit	For LITU the staffing level was safe, ongoing HCA recruitment for 1.4 wte , we do not back fill the vacancy .
Neuro	David Marsden	Increased use of HCA's is due to 3 patients needing specialising and backfilling RN vacancies with HCA when unable to fill RN bank shifts.
Neuro	Kinnier Wilson	High rate of specials on day and night shift. Specials team do provide some of the cover but can have 2-3 patients requiring specials at any one time. High RN vacancies which are often filled with bank HCA
Surgery	Lister	Large vacancy of RN covered at times by CSW. Again CSW increased for specialising.
Surgery	Coptcoat Ward	Opened new 10 bedded unit (Surgical Short Stay Unit) have had to recruit agency nurses.
Surgery	Twining	CSW needed for specialising and cover for Vacancies where possible.
Surgery	Katherine Monk	Increased need for patients that need specialising by CSW & RMN have vacancies. Having to cover other wards RN vacancy.
TEAM	Lonsdale	There are currently RN vacancies which could not be filled by Bank however ward operating at safe staffing levels (amber / green) with moves from other ward.
TEAM	Byron	Ward operating at safe staffing levels (amber) with occasional red shifts. Additional HCA staffing at night to support 1:1 care
TEAM	Oliver	Small sickness and vacancies however staff were moved around to ensure that patient safety was not affected.
TEAM	Marjorie Warren	Ward operating at safe staffing levels (amber) with occasional red shifts. Additional HCA staffing at night to support 1:1 care
TEAM	Mary Ray	Due to unplanned leave/sickness additional HCAs used to support where possible as well as specialising of patients.

HCA and RN staffing levels – Lower than Planned – August

Division	Ward	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
CCTD	Intensive Care Unit	Shifts not covered by HCA due to sickness . Shifts assessed individually as to whether NHSP backfilling required to ensure safe staffing
Children's	Special Care Baby Unit	Currently awaiting HCA's to start - ward operating safely with regard to number of patients, acuity and staffing levels
Children's	Children's Ward	Currently awaiting HCA's to start - ward operating safely with regard to number of patients, acuity and staffing levels
LRS	Quebec (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
LRS	Boddington (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
LRS	Surgical Ward 4	There is currently a HCA who is on maternity leave therefore we are only requesting bank shifts depending on the acuity of the patients each day.
Network	Hyper Acute Stroke Unit (HASU)	Vacancies being recruited to however to ensure patient safety is not affected TIA nurse supports where possible.
Network	Ontario (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
TEAM	Medical Ward 7	There are currently HCA vacancies that exist on this ward however staff were moved around to ensure patient safety was not affected.
TEAM	Farnborough Ward	Lower RN usage at night is due to reduction of beds from 25 - 20 and therefore skill mixed with additional HCAs instead.

Appendix 3 New Return NHPPD – Denmark Hill

This is calculated by taking the Actual hours of Day and Night combined for each staff type and dividing by the number of patients on the ward at 23:59 – August 2016

Division	Ward Name	% Average fill rate RN - Day	% Average Fill rate HCA - Day	% Average fill rate RN - Night	% Average Fill rate HCA - Night	Patients at Midnight t 23:59	Register ed midwive s/ nurses	Care Staff	Overall CHPPD	No. of Beds
TEAM	Annie Zunz	92%	115%	96%	135%	674	6.3	3.3	9.6	28
Women's	Brunel	97%	98%	99%	103%	465	5.0	2.3	7.3	18
TEAM	Byron	83%	119%	76%	145%	876	3.6	3.2	6.8	30
CCTD	Christine Brown CCU	96%	106%	96%	97%	495	24.9	1.5	26.4	17
Surgery	Coptcoat Ward	71%	165%	97%	172%	416	5.3	2.6	7.9	15
Cardiac	Cotton	88%	117%	93%	120%	828	3.5	2.0	5.5	26
Neuro	David Marsden	75%	156%	81%	156%	935	4.0	4.9	8.9	31
Haematology	Davidson	86%	92%	86%	150%	511	5.4	2.3	7.7	17
Liver and Renal	Dawson	75%	142%	82%	139%	613	4.0	3.3	7.3	21
Haematology	Derek Mitchell Unit	85%	179%	98%	203%	430	5.9	3.3	9.2	14
Cardiac	DH - Coronary Care Unit (Sam Oram)	101%	97%	99%	400%	224	9.5	1.7	11.2	8
Children's	DH-The Children's Surgical Ward	88%	97%	93%	125%	455	9.0	1.6	10.6	21
TEAM	Donne	90%	96%	90%	108%	917	3.5	3.1	6.6	30
Haematology	ELF & LIBRA Ward	84%	93%	92%	111%	503	5.8	2.3	8.1	16
Liver and Renal	Fisk and Cheere Ward	91%	141%	85%	153%	754	5.6	2.9	8.5	29
CCTD	Frank Stansil Critical Care	99%	81%	98%	87%	382	25.7	1.6	27.3	30
Private Patients	Guthrie Ward	88%	94%	101%	103%	480	6.2	1.5	7.7	21
Liver and Renal	Howard Ward	95%	106%	100%	110%	482	4.8	2.1	6.9	16
CCTD	Jack Steinberg Critical Care	99%	98%	99%	106%	500	24.0	1.5	25.5	16
Surgery	Katherine Monk	88%	120%	85%	146%	661	6.5	4.9	11.4	28
Neuro	Kinnier Wilson	97%	125%	85%	175%	610	4.8	4.2	9.0	20
Neuro	Kinnier Wilson HDU	94%	109%	98%	100%	341	12.0	1.0	13.0	11
Surgery	Lister	70%	167%	82%	186%	848	3.4	3.0	6.4	25
Liver and Renal	Liver Intensive Care Unit	97%	68%	96%	42%	418	29.3	0.7	30.0	19
TEAM	Lonsdale	80%	95%	79%	111%	751	4.1	2.4	6.5	25
TEAM	Marjorie Warren	84%	97%	96%	93%	901	3.6	3.1	6.7	30
TEAM	Mary Ray	90%	126%	61%	130%	894	3.8	3.0	6.8	30
TEAM	Matthew Whiting Ward	88%	97%	99%	106%	528	4.7	3.1	7.8	21
Neuro	Murray Falconer	91%	113%	93%	123%	991	4.1	2.5	6.6	31
Children's	Neonatal Intensive Care Unit	115%	100%	117%	100%	1027	12.5	0.0	12.5	34
TEAM	Oliver	84%	104%	92%	115%	939	3.7	2.5	6.2	30
Children's	Paediatric Short Stay	95%	97%	95%	100%	97	14.0	7.0	21.0	6
Women's	Postnatal William Gilliat	91%	93%	99%	99%	1539	3.3	2.0	5.3	48
TEAM	R D Lawrence	91%	86%	89%	134%	654	6.5	2.9	9.4	28
Children's	Rays Of Sunshine	96%	116%	94%	87%	443	8.6	1.6	10.2	19
Cardiac	Recovery Ward	100%	100%	96%	100%	98	25.3	0.0	25.3	17
Cardiac	Sam Oram	91%	120%	92%	186%	511	4.4	2.9	7.3	17
Neuro	The Friends Stroke Unit	95%	100%	98%	102%	798	7.1	3.2	10.3	29
Children's	Thomas Cook CCCC	72%	74%	71%	39%	239	25.5	1.7	27.2	15
Liver and Renal	Todd	92%	102%	91%	112%	622	5.6	2.9	8.5	22
Children's	Toni & Guy	91%	127%	99%	250%	399	9.3	1.5	10.8	15
Surgery	Trundle	94%	135%	97%	146%	453	5.0	5.6	10.6	16
Surgery	Twining	84%	112%	85%	161%	806	3.3	3.5	6.8	26
Cardiac	V&A HDU Ward	99%	96%	98%	93%	322	9.4	1.9	11.3	10
Cardiac	Victoria & Albert	94%	145%	89%	300%	518	4.5	1.5	6.0	18
Haematology	Waddington	85%	119%	86%	1200%	279	6.6	2.0	8.6	9

Appendix 4 New Return NHPPD – PRUH

This is calculated by taking the Actual hours of Day and Night combined for each staff type and dividing by the number of patients on the ward at 23:59 – August 2016

Division	Ward	% Average fill rate RN/RM - Day	% Average Fill rate HCA - Day	% Average fill rate RN/RM - Night	% Average Fill rate HCA - Night	Patients at Midnight 23:59	Registered midwives/ nurses	Care Staff	Overall CHPPD	No. of Beds
LRS	Boddington (ORP)	96%	84%	121%	69%	432	5.2	2.5	7.7	24
Network	Chartwell Unit	99%	100%	99%	100%	359	5.9	3.0	8.9	12
Children's	Children's Ward	98%	56%	101%	9%	258	9.0	0.8	9.8	12
TEAM	Darwin 1 (S1)	89%	102%	102%	133%	618	3.6	5.3	8.9	20
TEAM	Darwin 2 (S2)	101%	105%	100%	116%	614	3.5	5.3	8.8	20
TEAM	Emergency Assessment Unit (EAU)	96%	105%	98%	96%	702	5.9	3.6	9.5	28
TEAM	Farnborough Ward	99%	187%	81%	285%	632	4.1	3.8	7.9	20
Neuro	Frank Cooksey	105%	100%	98%	99%	457	4.2	4.9	9.1	15
Network	Hyper Acute Stroke Unit (HASU)	100%	80%	90%	93%	381	10.6	3.2	13.8	20
CCTD	Intensive Care Unit	103%	67%	98%	58%	252	25.2	2.0	27.2	10
Women's	Maternity Unit (PRU)	96%	95%	93%	100%	671	5.0	2.6	7.6	30
TEAM	Medical Ward 1	98%	111%	99%	102%	339	6.4	4.5	10.9	12
TEAM	Medical Ward 2	99%	100%	99%	110%	607	3.5	3.1	6.6	20
TEAM	Medical Ward 3	93%	95%	90%	95%	616	3.8	4.0	7.8	20
TEAM	Medical Ward 4	91%	92%	99%	101%	643	3.6	3.7	7.3	20
TEAM	Medical Ward 6	99%	124%	100%	133%	614	3.5	3.8	7.3	20
TEAM	Medical Ward 7	99%	100%	99%	76%	616	3.4	3.1	6.5	20
Cardiac	Medical Ward 8	97%	95%	95%	105%	601	3.6	2.3	5.9	20
TEAM	Medical Ward 9	92%	88%	98%	97%	732	5.6	3.6	9.2	28
Network	Ontario (ORP)	102%	73%	92%	115%	536	3.2	3.0	6.2	20
Cardiac	PRUH - Coronary Care Unit (CCU)	94%	100%	94%	300%	348	6.9	0.1	7.0	12
LRS	Quebec (ORP)	46%	42%	29%	38%	104	6.9	4.3	11.2	19
Children's	Special Care Baby Unit	94%	62%	92%	38%	206	9.5	1.6	11.1	12
Network	Stroke Unit	100%	94%	86%	109%	785	3.2	2.7	5.9	20
LRS	Surgical Ward 3	98%	98%	99%	102%	446	5.4	3.1	8.5	20
LRS	Surgical Ward 4	101%	97%	98%	68%	406	4.3	2.7	7.0	14
LRS	Surgical Ward 5	97%	92%	103%	100%	800	3.9	2.1	6.0	28
LRS	Surgical Ward 6	94%	108%	102%	102%	552	4.4	2.7	7.1	20
LRS	Surgical Ward 7	99%	95%	96%	100%	816	3.8	3.4	7.2	28
Women's	Surgical Ward 8	97%	98%	96%	112%	397	5.8	2.8	8.6	16