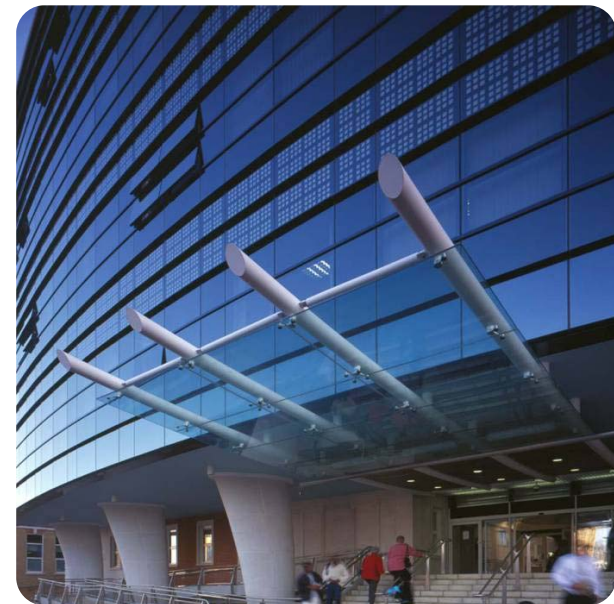


# Monthly Nurse Safer Staffing Report (Nov and Dec 2016)

Trust Board February 2017

Dr. Shelley Dolan  
Chief Nurse /Executive Director Midwifery



KING'S HEALTH PARTNERS

<b>Report to:</b>	Trust Board
<b>Date of meeting:</b>	<b>1<sup>st</sup> February 2017</b>
<b>Subject:</b>	Monthly Unify Staffing Report <b>(November and December 2016)</b>
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<b>Presented by:</b>	Shelley Dolan
<b>Sponsor:</b>	Shelley Dolan
<b>History:</b>	Monthly Nursing, Midwifery and Care staff numbers to the Board
<b>Status:</b>	For Information

## Introduction

Following the investigation into Mid Staffordshire NHS Trust, the resultant Francis report NHS England (NHSE) and NHS Improvement (NHSI) requested that all Trust Boards receive monthly reports on the levels of planned and actual nursing and care staff. This report provides evidence to the Board on the Nursing and Midwifery and care staff levels across the Trust during **November and December 2016** and provides details of the actual hours of Nursing, Midwifery and Health Care Assistant (HCA) on day and night shifts versus planned staffing levels.

**Care Hours Per Patient Day (CHPPD) are also being collected as mandated by NHS England (2016) and will be routinely compared to all other London and Shelford Trusts when the data is available through the Carter review and NHSI.**

To ensure that this data is more meaningful this report at Kings has from January 2017 included nurse staffing levels in the context of care provision. Each wards staffing levels including CHPPD is therefore provided in the context of “harm free care” and patient experience.

## Background

The international evidence demonstrates that the six critical issues for safe staffing and quality patient care and experience are the following:

1. Expert clinical leadership at Sister /Charge Nurse and Matron level
2. Appropriate skill mix for the acuity and dependency of the patient group
3. Appropriate establishment for the size / complexity of the unit
4. Ability to recruit the numbers required to fill the establishment
5. Good retention rates to ensure staff that are experienced in the clinical speciality and context / environment
6. Ability to flex at short notice to fill with temporary staff when there are unplanned vacancies / or to use staff from other areas.

**1. Clinical leadership:** Across the 77 wards and Units there are very few vacancies at Sister / Charge Nurse / matron level, the exception to this is the medical wards at DH. On these 10 wards there are four Sisters /Charge nurses posts currently not filled and three Matrons posts. There is a pro-active recruitment process being led by the new Heads of Nursing with the support of the Chief Nurse. An Associate DoN has also since December focused solely on four of these wards.

**2. Skill mix:** Every ward / unit will have different acuity / dependency scores and therefore will require a specific skill mix. Internationally it is recognised that skill mix is statistically significant in achieving improved outcomes and patient experience. At KCH the last dependency and skill mix review was conducted in 2015/16. It is recommended by the National Quality Board (NCB) that such a review is performed using a recognised validated tool every six months. The next review at KCH will be commenced in February 2017 using the Shelford Safer Nursing Care tool.

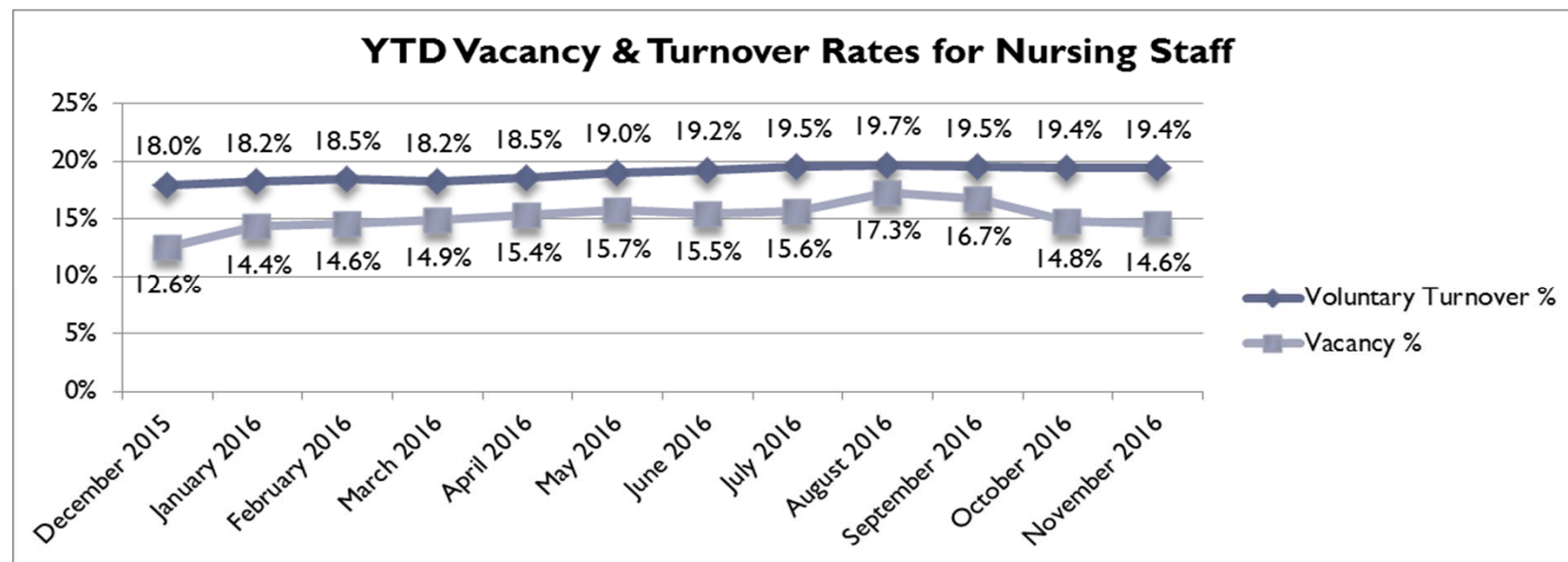
**3. Establishment:** (numbers of nurses and care staff) for each ward /unit is also essential. The review cited above in February will include numbers of staff.

**4. Retention:** Consistent retention rates are important to ensure staff are experienced and expert in the specialty, and working as a coherent part of the multidisciplinary team. Retention rates across London are the lowest in England. London is a net importer of nurses for undergraduate and post graduate training but there is then good evidence that following training a percentage of nurses return home outside London. Even nurses who stay particularly in central London there is a constant movement of nurses around the London teaching hospitals (Smith et al 2015). At KCH there is wide variation in retention across the sites and wards / units from 5% to 40%.

**5. Recruitment:** recruitment of band 5 and 6 nurses at KCH is centrally managed with approximately 900 nurses recruited in 2015/16. Approximately 400 of these nurses last year were international recruits.

**6. Temporary staff:** Even when recruitment and retention is working optimally there will be a need to replace immediate short term absence due to sickness or other absence. Generally bank staff are preferred to agency staff as they know the Trust and have their medicines competencies there is also no agency premia. Unfortunately particularly in the winter and at Bank holidays these shifts can be difficult to fill for example on one weekend in January at DH there were 58 unfilled shifts.

Grade	Headcount	Est FTE	In-Post FTE	Vacancy FTE	Vacancy %	Voluntary Turnover %	Monthly Sickness %
Band 5	1,904	2,165.58	1,818.59	346.99	16.02%	25.07%	3.32%
Band 6	891	984.94	831.58	153.36	15.57%	13.72%	3.38%
Band 7	574	591.95	531.91	60.04	10.14%	14.07%	3.23%
Band 8 - A	192	193.53	180.50	13.03	6.73%	12.10%	2.08%
Band 8 - B	36	40.78	34.88	5.90	14.47%	5.65%	3.33%
Band 8 - C	16	17.10	16.27	0.83	4.86%	16.82%	0.70%
Band 8 - D	2	2.31	2.00	0.31	13.42%		0.00%
Band 9	1	1.00	1.00	0.00	0.00%		0.00%
Other	1	1.00	1.00	0.00	0.00%	100.00%	0.00%
Grand Total	3,617	3,998.19	3,417.73	580.46	14.52%	19.41%	3.24%



## 1st Oct 2015 to 30th Sept 2016

Nursing & Midwifery (registered)

Support staff including adaptation nurses, HCAs, support workers, nursery nurses, pre-registered nurses, housekeepers and apprentices

N&M Students

	FTE	Headcount
Staff recruited	953.48	976
Leavers	933.06	999

## Turnover by Band and Site

	DH	PRUH
Band 2	21.6%	15.1%
Band 3	13.2%	12.4%
Band 4	14.6%	0.0%
Band 5	28.7%	21.8%
Band 6	15.4%	9.1%
Band 7	17.4%	10.3%
Band 8a	15.1%	11.9%
Band 8b	11.6%	0.0%
Band 8c	18.4%	33.3%
Band 8d	0.0%	
Band 9	0.0%	
Total Turnover	21.1%	15.1%

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 provides the optimum **planned** number of staff per shift.

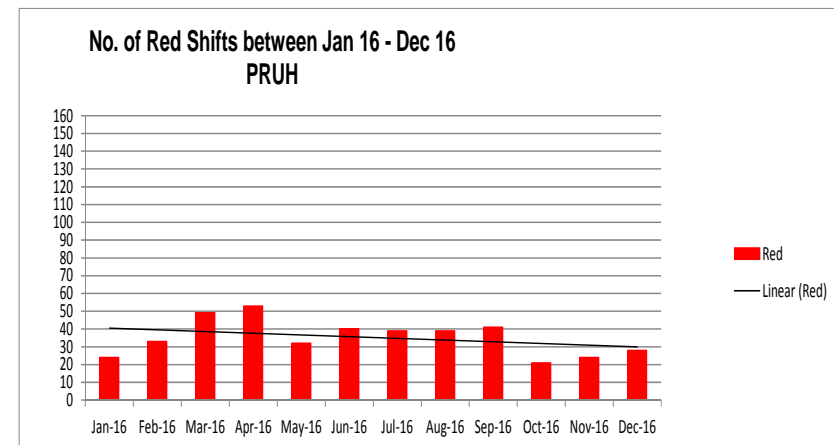
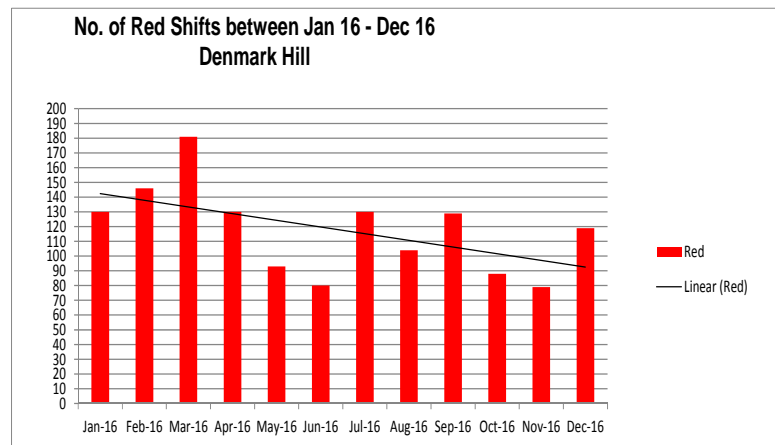
For each of the **77** clinical inpatient areas in November and December, the **actual** number of staff as a percentage of the **planned** number is recorded. The average nurse fill at DH in Nov / Dec was **95% and 94%** respectively and at the PRU **98% and 96%** respectively. In comparison average fill rates at Guys and St.Thomas NHS FT were over **98%**, **Imperial College NHS Trust was 97% and UCLH 98%** for the same months. Therefore at KCH the average fill rates are acceptable but there are instances where vacancy rates are high with shifts unable to be filled by temporary staff. There is a system in place to ensure daily monitoring of red shifts using safety huddles but there are many shifts currently where there are high numbers of unfilled places. Poor skill mix and low numbers consistently have a significant effect on staff morale and patient care. It is therefore essential that KCH focus on innovative recruitment, retention and clinical leadership strategies to reduce the current variation across the Trust.

Safer Staffing Fill rate - November 2016		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	95%	139%
PRUH	98%	110%

Safer Staffing Fill rate - December 2016		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	94%	167%
PRUH	96%	107%

10 wards had actual staffing of below 85% over the month ( Appendix 1 + 2) highlights the reasons for this and how the shift was made safe, all such instances are reported on the red shift reporting system.

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 (NICE 2015). In total there were **103 Red shifts** declared in **November** and **147** declared in **December** at **GSTT (68 and 72 for same time period)**. 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 Matrons and Heads of Nursing assessed the situation and made a judgement about whether moving staff from a better staffed area was required to maintain safety.









PRUH Nov 2016 Workforce sheet

Area		C2C		CHPPD						Red Shifts		Pressure Ulcers			Falls			Infections				Complaints/FFT Survey			Beds			
Division	Cost Centre	Wards	C2C	Nov Est	Total Vacancy	%vac/a bs	% B+A Vs Est	Acuity	occu-pancy	RMs/RNs	Care Staff	Overall CHPPD	Red	Amber	Grade 2	Grade 3	Grade 4	Minor	Mod	Major	MRSA	CDIFF	UTIs	E Coli	No. of Complaints	Resp rate % FFT	Recom mend (%)	Beds
TEAM	2A24	S1 (Darwin 1)	n/a	35.51	1.25	30%	33%	34.06	100%	3.7	5.6	9.3	0	4	1	0	0	2	0	1	0	0	n/a	0	0	15%	75%	20
TEAM	2A37	S2 (Darwin 2)	2	36.51	4.15	33%	27%	34.18	100%	3.6	5.4	9.0	0	2	0	0	0	0	0	0	0	0	n/a	0	0	0.00	0.00	20
TEAM	2A68	Medical 1	3	23.69	6.08	40%	37%	21.03	99%	6.3	4.7	11.0	1	8	0	0	0	0	0	0	0	0	n/a	0	0	0.00	0.00	12
TEAM	2A21	Medical 2	2	29.82	1.45	31%	24%	29.97	100%	3.6	3.0	6.6	1	8	0	0	0	0	0	0	0	0	n/a	0	0	0.00	0.00	20
TEAM	2A28	Medical 3	1	29.82	0.37	31%	42%	31.67	92%	4.1	4.7	8.8	0	0	1	0	0	1	0	0	0	0	n/a	0	0	0.00	0.00	20
TEAM	2A23	Medical 4	2	4.13	-25.87	-379%	339%	25.51	99%	3.8	4.0	7.8	0	1	0	0	0	3	0	0	0	0	n/a	0	1	5%	100%	20
TEAM	2A26	Medical 6	2	29.82	4.21	30%	38%	32.36	100%	3.6	3.7	7.3	0	0	0	0	0	1	0	0	0	0	n/a	0	0	5%	100%	20
TEAM	2A27	Medical 7	2	29.82	2.59	31%	32%	30.60	100%	3.4	3.2	6.6	0	4	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	20
TEAM	2A35	AMU 2 (Med 9)	2	105.99	24.95	42%	26%	44.72	99%	5.2	3.3	8.5	0	11	0	0	0	2	0	0	0	0	n/a	0	1	1%	0%	28
TEAM	2A35	AMU 1 (EAU)			46.38	99%		5.3	3.2	8.5	1	5												1	5%	100.00	28	
TEAM	2A74	Famborough	2	29.82	-2.94	19%	64%	41.55	100%	4.2	3.5	7.7	1	2	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	25
Surgery	2A36	Surgical 3	3	29.98	6.22	36%	29%	26.33	96%	4.6	2.6	7.2	0	2	0	0	0	0	0	0	0	0	n/a	0	0	48%	95%	20
Surgery	2A82	Surgical 4	3	24.10	1.37	33%	23%	19.90	100.00	4.2	3.0	7.2	0	2	0	0	0	1	0	0	0	0	n/a	0	0	5%	100%	14
Surgery	2A55	Surgical 5	2	39.48	7.48	37%	16%	44.41	98%	3.9	2.2	6.1	4	30	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	28
Surgery	2A72	Surgical 6	3	29.22	2.69	32%	13%	28.12	100%	4.2	2.3	6.5	0	2	3	0	0	1	0	0	0	0	n/a	0	0	42%	93%	20
Surgery	2A54	Surgical 7	3	44.61	8.33	45%	26%	46.24	100%	3.8	3.4	7.2	0	8	0	0	0	2	0	0	0	0	n/a	0	1	0%	0%	28
Surgery	2L08	Quebec	n/a	17.90	-1.01	14%	17%	9.77	52%	8.5	4.8	13.3	1	0	0	0	0	1	0	0	0	0	n/a	0	0	100%	100%	19
Surgery	2L07	Bodington	2	26.00	5.14	48%	22%	18.25	77%	5.7	3.0	8.7	0	0	0	0	0	0	0	0	0	0	n/a	0	0	52%	99%	24
Network	2L18	Ontario	3	33.50	4.20	40%	35%	36.64	93%	2.9	4.1	7.0	0	8	1	0	0	0	0	0	0	0	n/a	1	0	0%	0%	20
Network	2A25	Medical 8	3	44.61	3.56	32%	13%	22.76	98%	3.6	2.4	6.0	1	2	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20
Network		CCU			32.80	97%		6.5	0.3	6.8	3	1						1	0	0	0	0	n/a	0	0	0%	0%	12
Network	2A43	Chartwell	2	24.09	4.43	47%	29%	17.88	100%	5.6	2.7	8.3	2	13	2	0	0	1	1	0	0	0	n/a	0	0	0%	0%	12
Network	2A04	Med 5 - S	2	79.29	16.69	41%	16%	44.43	99%	3.1	2.8	5.9	0	0	0	0	0	1	1	0	0	0	n/a	0	0	0%	0%	26
Network	2A05	Med 5 - H			23.67	95%		10.1	3.2	13.3	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	19%	83%	14
Network	2205	FCRU	2	32.84	8.84	47%	13%	22.84	97%	4.2	4.4	8.6	0	7	1	0	0	0	0	0	0	0	n/a	0	0	0%	0%	15
Childrens	2C12	Childrens ward	1	23.35	1.28	37%	32%	n/a	n/a	8.1	1.5	9.6	1	8	0	0	0	0	0	0	0	0	n/a	0	0	60.40	99%	12
Childrens	2C13	SCBU	UD	22.52	3.36	45%	11%	n/a	n/a	7.5	1.6	9.1	1	7	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	12
Women's	2A73	Surgical 8	3	25.19	2.82	41%	25%	18.24	96%	5.1	2.1	7.2	0	6	0	0	0	0	0	0	0	0	n/a	0	0	41%	89%	16
Women's	2C10	2C10 Birthing Centre PRU	n/a	17.06	-4.45	31%	9%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	2	0%	0%	6
Women's	2A95	2A95 PRUH Labour Ward	n/a	77.95	3.82	40%	7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	10
Women's	2A99	Maternity Ward	UD	37.91	4.12	46%	20%	n/a	n/a	5.8	3.1	8.9	0	5	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	30
CCTD	2F13	ITU	3	53.70	2.46	31%	14%	n/a	n/a	23.4	2.0	25.4	7	2	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	10
CCTD	2A88	171 Day Surgery Unit	n/a	67.00	7.02	30%	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	2	n/a	n/a	n/a
CCTD	2B62	171 QMS Theatre Staff	n/a	17.00	2.31	34%	2%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2L02/2L03	171 Orpington Orthopaedic Theatre Pay	n/a	32.50	4.54	33%	11%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2A85	171 Theatres Staffing 1 to 6	n/a	93.50	16.55	42%	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	1	0	0	n/a	0	0	n/a	n/a	n/a
TEAM - ED	2A01	ED	1	97.23	17.53	44%	23%	n/a	n/a	n/a	n/a	n/a	n/a	n/a							0	0	n/a	0	5	n/a	n/a	n/a
Total				1345.46	145.52								24	148	11	0	0	18	2	2	0	0	0	1	14			601

Area			C2C	WTE						CHPPD			Red Shifts		Pressure Ulcers			Falls			Infections				Complaints/FFT Survey			Beds
Division	Cost Centre	Wards	C2C	Dec Est	Total Vacancy	%vac/abs	%B+A Vs Est	Acuity	occupancy	RMs/RNs	Care Staff	Overall CHPPD	Red	Amber	Grade 2	Grade 3	Grade 4	Minor	Mod	Major	MRSA	CDIFF	UTIs	E Coli	No. of Complaints	Resp rate % FFT	Recom mend (%)	Beds
TEAM	2A24	S1 (Darwin 1)	n/a	35.51	1.25	18%	32%	34.25	100%	3.6	5.6	9.2	0	5	0	0	0	3	0	0	0	0	n/a	0	0	0%	0%	20
TEAM	2A37	S2 (Darwin 2)	2	36.51	4.15	33%	29%	34.30	100%	3.7	5.2	8.9	0	3	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	20
TEAM	2A68	Medical 1	3	23.69	6.46	39%	31%	no data		5.7	4.1	9.8	4	7	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	12
TEAM	2A21	Medical 2	2	29.82	1.45	28%	19%	32.02	100%	3.4	3.0	6.4	0	3	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20
TEAM	2A28	Medical 3	1	29.82	5.59	42%	33%	32.16	100%	3.8	4.2	8.0	0	0	0	0	0	0	0	0	0	0	n/a	0	2	0%	0%	20
TEAM	2A23	Medical 4	2	4.13	-20.87	-235%	236%	28.01	99%	3.6	4.0	7.6	0	0	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	20
TEAM	2A26	Medical 6	2	29.82	5.21	38%	43%	32.98	100%	3.5	4.3	7.8	0	0	1	1	0	0	0	0	0	0	n/a	0	2	0%	0%	20
TEAM	2A27	Medical 7	2	29.82	1.37	28%	19%	30.18	100%	3.5	2.8	6.3	1	6	2	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20
TEAM	2A35	AMU 2 (Med 9)	2	105.99	25.33	45%	24%	44.53	97%	5.0	3.4	8.4	5	16	2	0	0	4	0	1	0	0	n/a	0	1	0%	0%	28
TEAM	2A35	AMU 1 (EAU)						45.55	100%	5.1	3.1	8.2	2	18									n/a	0		0%	0%	28
TEAM	2A74	Farnborough	2	29.82	2.06	30%	66%	41.96	100%	4.0	4.2	8.2	1	6	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	25
Surgery	2A36	Surgical 3	3	29.98	6.22	37%	30%	no data		4.5	2.4	6.9	1	11	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	20
Surgery	2A82	Surgical 4	3	24.10	2.37	35%	28%	19.32	96%	4.3	3.6	7.9	0	16	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	14
Surgery	2A55	Surgical 5	2	39.48	8.48	39%	25%	44.36	97%	3.9	2.5	6.4	2	41	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	28
Surgery	2A72	Surgical 6	3	29.22	1.69	30%	19%	28.81	96%	4.2	2.7	6.9	2	9	0	0	0	2	0	0	0	0	n/a	0	1	0%	0%	20
Surgery	2A54	Surgical 7	3	44.61	7.33	40%	27%	46.41	100%	3.6	3.5	7.1	0	8	1	0	0	0	0	0	0	0	n/a	0	0	0%	0%	28
Surgery	2L07	Quebec	n/a	17.90	-1.01	26%	16%	10.38	55%	6.4	4.4	10.8	0	4	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	19
Surgery	2L07	Bodington	2	26.00	6.75	56%	13%	13.96	59%	4.8	2.8	7.6	0	3	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	24
Network	2L18	Ontario	3	33.50	2.20	30%	21%	38.70	98%	2.9	3.4	6.3	1	5	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20
Network	2A25	Medical 8	3	44.61	3.56	33%	16%	34.23	99%	3.6	2.4	6.0	1	4	0	0	0	1	0	1	0	0	n/a	0	1	0%	0%	20
Network	2A25	CCU						23.42	99%	6.8	0.4	7.2	0	3				0	0	0	0	0	n/a	0	1	0%	0%	12
Network	2A43	Chartwell	2	24.09	4.43	46%	32%	no data		6.0	3.1	9.1	1	5	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	12
Network	2A04	Med 5 - S	2	79.29	15.69	40%	0%	44.07	99%	3.2	2.7	5.9	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	26
Network	2A05	Med 5 - H						23.23	92%	10.4	3.8	14.2	0	0	0	0	0	3	0	0	0	0	n/a	0	0	0%	0%	14
Network	2205	FCRU	2	32.84	9.84	51%	11%	23.15	95%	4.0	4.4	8.4	1	4	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	15
Childrens	2C12	Childrens ward	1	23.35	1.28	44%	35%	22.70	100%	8.2	0.7	8.9	1	6	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	12
Childrens	2C13	SCBU	UD	22.52	3.36	40%	8%	n/a	n/a	7.8	2.3	10.1	1	11	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	12
Women's	2A73	Surgical 8	3	25.19	4.82	43%	26%	no data		5.2	2.6	7.8	1	12	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	16
Women's	2C10	2C10 Birthing Centre PRU	n/a	17.06	-3.45	20%	8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	6
Women's	2A95	2A95 PRUH Labour Ward	n/a	77.95	3.02	37%	5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	10
Women's	2A99	Maternity Ward	UD	37.91	4.12	41%	14%	n/a	n/a	5.5	2.9	8.4	0	3	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	30
CCTD	2F13	ITU	3	53.70	2.68	30%	13%	n/a	n/a	24.4	1.9	26.3	4	4	3	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	10
CCTD	2A88	171 Day Surgery Unit	n/a	67.00	8.02	40%	7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2B62	171 QMS Theatre Staff	n/a	17.00	2.31	40%	1%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2L02/2L03	171 Orpington Orthopaedic Theatre Pay	n/a	32.50	-2.53	30%	9%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2A85	171 Theatres Staffing 1 to 6	n/a	93.50	13.55	39%	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
TEAM - ED	2A01	ED	1	96.23	13.43	37%	21%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	6	0	0	0	0	n/a	0	3	0%	0%	n/a
Total				1344.46	150.16								29	213	9	1	0	25	0	2	0	0	0	0	13			601

## Conclusions

1. The CHPPD are on average across KCH at moderate levels for London general wards 5.7 – 6.8 they are below those for GSTT (10.6) and UCLH (10.5) about the same as Imperial (6-7).
2. There is variation across the KCH sites with better retention seen at the PRU than DH. There is also variation between wards and units with particularly low substantive staff seen on the neuro sciences wards at DH and on the medicine wards.
3. There is low Sister / Charge nurse vacancies across all areas except for the medical wards at DH where there are several gaps.
4. The only area where poor staffing metrics have been shown to date to affect care or patient experience is on the medical wards at DH and there is an action plan led by the Chief Nurse and colleagues addressing issues rapidly.
5. There has been poor uptake of the Friends and Family test over the last few months which has limited analysis of the effect on patient experience. The Patient experience team has now recruited to its vacant posts and will be focusing on improving compliance.

## Recommendations for 2017

1. A proactive recruitment initiative to be launched in 2017 aimed at attracting band 5/6 nurses to utilise social media/ recruitment days /evenings and expert nurse days.
2. A new initiative to provide employment contracts for all undergraduate students as they complete the second of their three year degree.
3. A comprehensive establishment and skill mix review to be commenced in February 2017 and presented to the Board in May 2017.
4. A new comprehensive development and education framework for nursing will be published in 2017 with all the major mandatory competencies being provided and measured at baseline and advance level.
5. Medicine at DH has its own proactive plan to ensure recruitment into the critical leadership posts and cover from across other divisions until this is completed.
6. The Chief Nurse at KCH is working with Professor Mark Radford (NHSi) and other CN to ensure that CHPPD can be utilised proactively with other Carter metrics as soon as possible in 2017.
7. A renewed focus on collecting the FFT data to provide more data on patient experience across KCH.

**The Board of Directors are asked to note the information contained in this briefing: the use of the red flag system to highlight concerns raised and the continued focus on recruitment and retention, as well as controlling the use of temporary staff.**

### HCA and RN staffing levels – Lower than Planned – November and December

Division	Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
TEAM	Annie Zunz	Operating at AMBER nursing levels. Safe staffing levels reviewed twice daily (7/7) at the Safety Huddle (divisional, 9 wards).
TEAM	Byron	Increased HCA usage for 1:1 supervision. RN at night working to Amber levels.
Surgery	Coptcoat Ward	Additional HCAs being used to Cover SSSU and also backfilling vacant RNs with HCAs.
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.
CCTD	Jack Steinberg Critical Care	There is a current HCA vacancy which is being recruited to however there is 1:1 nursing in JSSU, patient care not effected.
Neuro	Kinnier Wilson HDU	HCAs only used when specialising patients.
Liver and Renal	Liver Intensive Care Unit	There is a current HCA vacancy which is being recruited to however there is 1:1 nursing in LITU , patient care not effected.
TEAM	Marjorie Warren	Staffing moved around to support staffing levels - still working to Amber levels.
TEAM	Mary Ray	Operating at AMBER nursing levels. Safe staffing levels reviewed twice daily (7/7) at the Safety Huddle (divisional, 9 wards).
Children's	Neonatal Intensive Care Unit	>34 babies within department and increased acuity, also overseas nurses added into hca numbers,
Children's	Rays Of Sunshine	Levels lower due to Mat leave, staff sickness and vacancy - new starter starting Dec. Staff moved around where possible to ensure patient safety.
Cardiac	Sam Oram	Increased specialising requirements at night. Vacant HCA shift during day
Surgery	Short Stay Surgical Unit	Staffing being used from other wards to support SSSU.
Children's	Toni & Guy	There are a number of vacancies and sickness, ward using HCA's when nursing shifts not filled where possible.
Division	Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Surgery	Coptcoat Ward	Additional HCAs being used to Cover SSSU and also backfilling vacant RNs with HCAs.
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.
TEAM	Oliver	Staff moved around to ensure patient safety not affected.
TEAM	Donne	Low fill rate for RN days, vacancy therefore working at Amber levels.
TEAM	Marjorie Warren	Low fill rate for RN days, vacancy therefore working at Amber levels.
Surgery	Short Stay Surgical Unit	Additional HCAs used to cover RN vacancies where possible.
Haematology	Derek Mitchell Unit	Ward manager and PDN worked clinical to make the ward safe and additional HCAs to support confused and at risk patients requiring specialising.
Haematology	ELF & LIBRA Ward	Ward manager and PDN worked clinical to make the ward safe
Children's	Toni & Guy	There are a number of vacancies and sickness, ward using HCA's when nursing shifts not filled where possible.
TEAM	Byron	Increased HCA fill rate due to one to one needs. Low RN % at nights working to Amber staffing.
TEAM	Mary Ray	RN Shifts covered by HCAs where possible,
Surgery	Katherine Monk	Backfilling vacancies from other wards when unfilled shifts
Surgery	Lister	Additional HCAs used to special patients and support RN shifts where possible.
TEAM	R D Lawrence	Staff moved around to ensure patient safety not affected.
Neuro	Kinnier Wilson HDU	Additional HCAs used for specialising patients and to also support the RN shifts not filled.
CCTD	Christine Brown CCU	There is a current HCA vacancy which is being recruited to however there is 1:1 nursing on this ward patient care not effected.
Neuro	Kinnier Wilson	Additional HCAs used for specialising patients and to also support the RN shifts not filled.
Children's	Rays of Sunshine	Levels lower due to Mat leave, staff sickness and vacancy - new starter starting Dec. Staff moved around where possible to ensure patient safety.
Surgery	Twining	Where HCAs not filled staff moved around to ensure patient safety not affected.
CCTD	Jack Steinberg Critical Care	There is a current HCA vacancy which is being recruited to however there is 1:1 nursing in JSSU, patient care not effected.
Liver and Renal	Liver Intensive Care Unit	There is a current HCA vacancy which is being recruited to however there is 1:1 nursing in LITU , patient care not effected.



### HCA and RN staffing levels – Lower than Planned – November and December

Division	Ward	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
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.
Children's	Children's Ward	Additional RNs being used to support safe staffing levels when flexing up to 15 beds for winter pressures. There has been a level of high sickness with HCAs however Ward Manager in the numbers where possible to support RNs.
Network	Hyper Acute Stroke Unit (HASU)	Staffing adjusted to reflect patient acuity.
CCTD	Intensive Care Unit	1 HCA vacancy, new staff member commencing supernumary period 5/12/16 to make up shortfall in establishment
Network	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.
Children's	Special Care Baby Unit	There are vacancies that are being recruited into as of January these should be in post. Staff moved around accordingly to ensure patient safety not affected.
Network	Stroke Unit	Additional HCAs used to cover RN absences.

Division	Ward	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
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.
Children's	Children's Ward	Extra staff are being booked to increase capacity to 15 - ward is operating at safe staff levels with the extra staff booked
TEAM	Emergency Assessment Unit (EAU)	HCA shifts not filled however staff moved around to ensure patient safety.
CCTD	Intensive Care Unit	combination of sickness/vacancy/unfilled shifts Staff allocated to optimise safe staffing
Network	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. The ward was also closed for 7 days over Christmas.
Children's	Special Care Baby Unit	Current vacancy for 0.86 HCA - however ward operating at safe staffing levels within the planned number
Network	Stroke Unit	Additional HCAs used to cover RN absences.