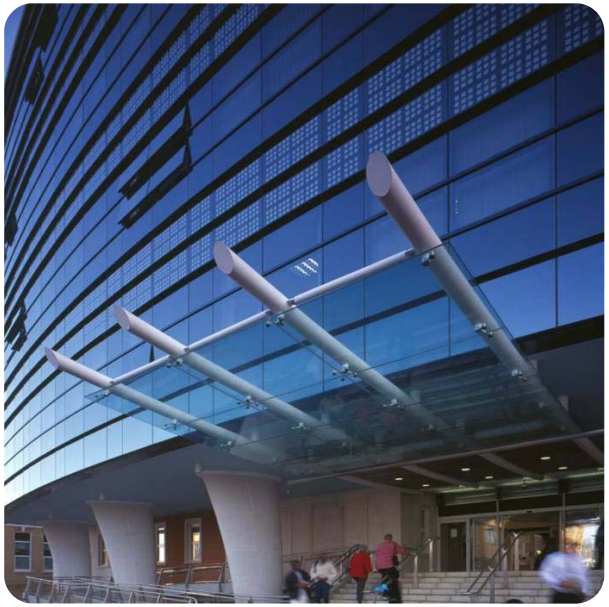
Monthly Nurse Safer Staffing Report February 2017

Trust Board April 2017

Dr Shelley Dolan
Chief Nurse /Executive Director Midwifery



Report to:	Trust Board
Date of meeting:	**Wednesday 5th April 2017**
Subject:	Monthly Unify Staffing Report **(February 2017)**
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Presented by:	Shelley Dolan
Sponsor:	Shelley Dolan
History:	Monthly Nursing, Midwifery and Care staff numbers to the Board
Status:	For Information

Summary of Report 1/2

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 **February 2017** 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

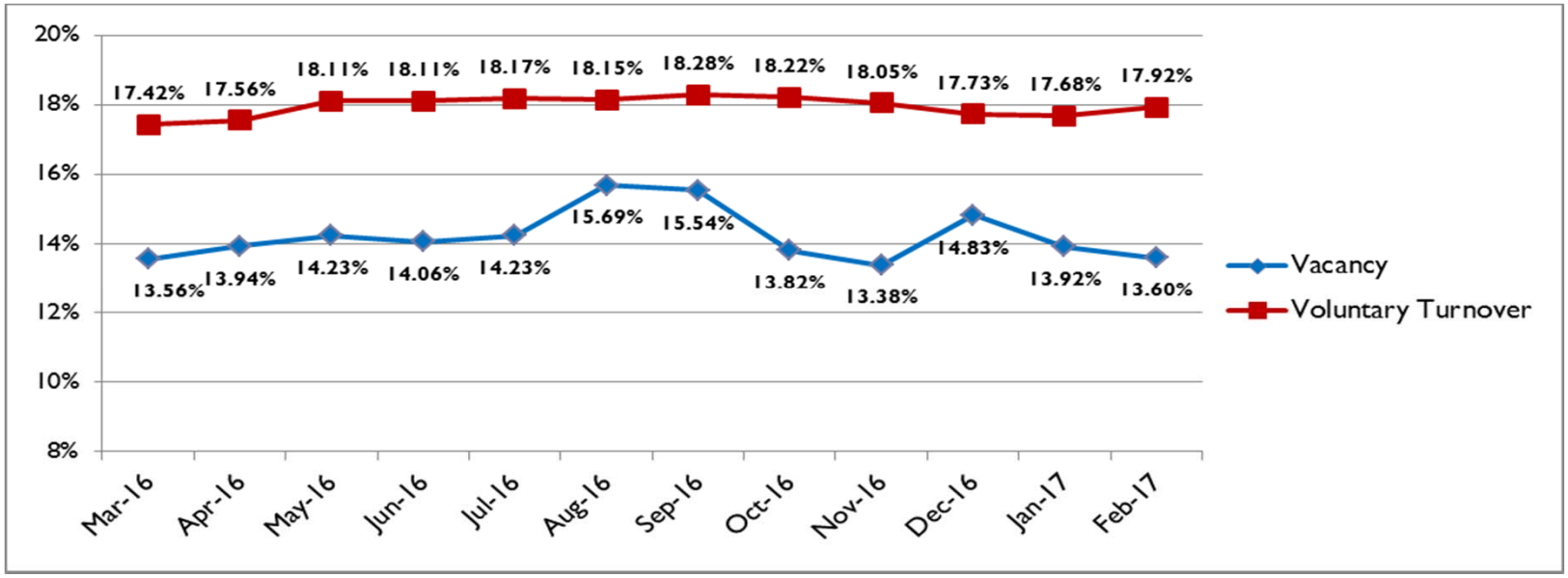
The international evidence demonstrates that the six critical issues for safe staffing and quality patient care and experience are the following:

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.

Overall Trust nurse recruitment / retention data

King's College Hospital NHS Foundation Trust

Band	Headcount	Establishment FTE	In-Post FTE	Vacancy FTE	Vacancy %	Voluntary Turnover %	Monthly Sickness %
Band 5	1,894	2,185.50	1,811.40	374.10	17.12%	24.28%	3.07%
Band 6	1,256	1,288.55	1,144.44	144.11	11.18%	13.85%	3.91%
Band 7	680	685.53	631.71	53.82	7.85%	10.95%	3.58%
Band 8 - A	200	208.02	187.90	20.12	9.67%	11.49%	3.32%
Band 8 - B	30	46.98	29.28	17.70	37.68%	6.40%	0.95%
Band 8 - C	22	17.75	22.40	-4.65	0.00%	20.00%	1.50%
Band 8 - D	1	3.23	1.00	2.23	69.04%	54.55%	25.00%
Band 9	5	1.00	5.00	-4.00	0.00%		0.00%
Other	2	2.00	2.00	0.00	0.00%	57.14%	0.00%
Grand Total	4,090	4,438.56	3,835.13	603.43	13.60%	17.92%	3.39%



Nurse and Care staff turnover 2015-2016

King's College Hospital NHS Foundation Trust

N&M and Support Staff		Feb-17		
Voluntary Turnover %				
Band	DH & Ass. Sites	PRUH & Ass. Sites	Grand Total	
Band 2	15.38%	17.52%	16.29%	
Band 3	16.56%	8.21%	14.22%	
Band 4	9.72%		8.56%	
Band 5	25.31%	21.41%	24.21%	
Band 6	16.47%	8.19%	13.85%	
Band 7	11.88%	8.21%	11.04%	
Band 8 - A	12.59%	5.85%	11.49%	
Band 8 - B	3.73%	29.27%	6.61%	
Band 8 - C	31.25%		25.00%	
Band 8 - D	54.55%		54.55%	
Other	36.36%	100.00%	63.16%	
Grand Total	18.59%	14.72%	17.44%	

Planned and actual nurse & Care staff fill

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 **80** clinical inpatient areas in February, the **actual** number of staff as a percentage of the **planned** number is recorded. The average nurse fill at DH in February was **93%** and at the PRUH **96%**. In comparison average fill rates at **Guys and St.Thomas NHS FT was 100%, 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 - February 2017

Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	93%	137%
PRUH	96%	109%

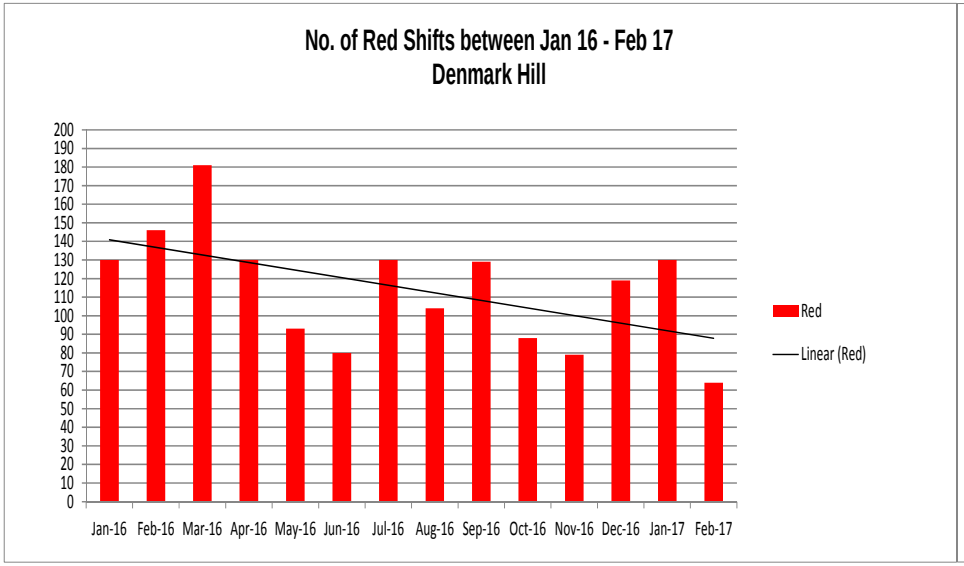
Understaffing

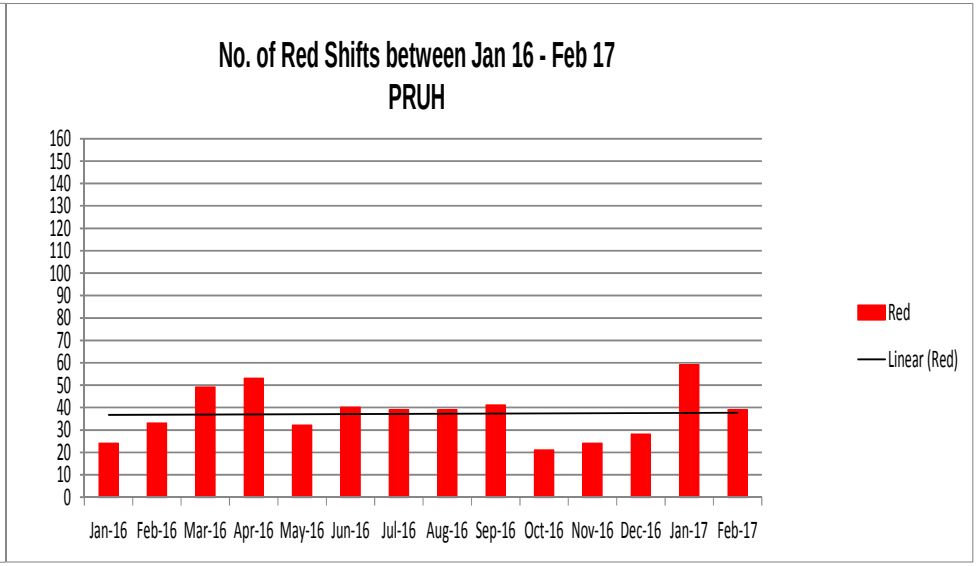
26 wards had actual staffing of below 85% over the month (Appendix 1 + 2) highlights the reasons for this and how the shift was made safe, all such instances are reported on the red shift reporting system.

Red shifts

King's College Hospital NHS Foundation Trust

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 **February 2017.** 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.





Denmark Hill February 2017

King's College Hospital NHS Foundation Trust

Cost Centre	Division	Department Name	Ward	C&C	Est	WTE					CHPPD			Rag Shift Status		Pressure Ulcers			Falls				Infections				Complaints/Survey			Beds
Cost Centre	Division	Department Name	Ward	C&C	Dec Est	Total Vacancy	%vacstabs	% of BHAVs Est	Acuity data	occupancy	RMs/RNs	Care Staff	Overall CHPPD	Red	Amber	Grade 2	Grade 3	Grade 4	Minor	Mod	Major	Death	MRSA	CDIFF	UTIs	E Coli	No. of Complaints	Resp rate % FFT	Recommend (%)	Beds
2206	UPAC	Post-Acute and Planned Medicinie + Outpatients	Byron	n/a	42.64	7.13	26%	33%	48.59	99%	4.1	3.2	7.3	0	21	1	0	0	4	0	0	0	0	0	n/a	0	1	4%	100%	30
2238	UPAC	Post-Acute and Planned Medicinie + Outpatients	Donne	0	45.20	3.59	26%	23%	49.20	95%	3.4	2.9	6.3	5	24	0	0	0	0	0	0	0	0	0	n/a	2	2	63%	74%	30
2239	UPAC	Post-Acute and Planned Medicinie + Outpatients	M. Warren	n/a	45.20	6.00	25%	19%	52.92	97%	3.2	3.1	6.3	1	28	0	0	0	2	0	0	0	0	0	n/a	1	1	48%	100%	32
2497	UPAC	Post-Acute and Planned Medicinie + Outpatients	Lonsdale	2	40.08	4.28	20%	11%	30.37	97%	4.7	2.5	7.2	1	26	0	0	0	1	0	0	0	0	0	n/a	0	0	49%	83%	25
2935	UPAC	Post-Acute and Planned Medicinie + Outpatients	Mary Ray	0	42.64	5.89	17%	25%	46.44	99%	4.1	2.6	6.7	0	17	1	0	0	0	2	0	0	0	0	n/a	0	1	0%	0%	30
2211	UPAC	Post-Acute and Planned Medicinie + Outpatients	Oliver	2	42.64	4.39	21%	14%	no data		5.8	3.5	9.3	3	19	0	0	0	0	0	0	0	0	0	n/a	0	0	1%	0%	30
2211	UPAC	Post-Acute and Planned Medicinie + Outpatients	Charles Polkey	2					no data					0	0	0	0	0	1	0	0	0	0	0	n/a	0	0	0%	0%	30
2336	UPAC	Post-Acute and Planned Medicinie + Outpatients	Mathew Whiting (ACH)	1	0	0.00	#DIV/0!	#DIV/0!	30.14	84%	4.3	2.4	6.7	0	4	0	0	0	1	0	0	0	0	0	n/a	0	1	0%	0%	25
2202	UPAC	Post-Acute and Planned Medicinie + Outpatients	AZ	n/a	51.11	11.92	15%	4%	41.43	99%	5.4	2.3	7.7	8	37	0	0	0	0	0	0	0	0	0	n/a	0	0	29%	91%	28
2794	UPAC	Acute and Emergency	RDL AMU	3	51.71	9.66	19%	17%	33.94	96%	5.4	2.1	7.5	5	29	1	0	0	2	0	0	0	0	0	n/a	0	1	12%	92%	28
2776/2237	UPAC	Acute and Emergency	E D (Adults and Paeds)	n/a	150.58	15.83	25%	31%	n/a	n/a	n/a	n/a	n/a	0	0	1	0	0	0	0	0	0	1	0	n/a	0	2	4%	84%	n/a
2337	UPAC	Planned Surgery and Opthalmology	Lister	1	40.48	10.36	31%	28%	40.82	100%	3.5	2.7	6.2	1	23	1	0	0	2	0	0	0	0	0	n/a	1	1	45%	92%	28
2977	UPAC	Planned Surgery and Opthalmology	Coptcoat	3	42.35	5.06	44%	26%	14.68	89%	5.6	2.4	8.0	4	13	0	0	0	0	0	0	0	0	0	n/a	0	0	80%	100%	15
n/a	UPAC	Planned Surgery and Opthalmology	Short Stay SU	n/a	0.00	0.00		0%	9.54	82%	6.4	3.1	9.5	6	11	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	10
2578	UPAC	Planned Surgery and Opthalmology	Trundle	3	32.00	-8.07	28%	11%	24.58	94%	5.0	5.0	10.0	0	12	0	0	0	0	0	0	0	0	0	n/a	0	0	70%	100%	16
2841	UPAC	Planned Surgery and Opthalmology	Twining	n/a	0.00	0.00	#DIV/0!	25%	41.86	100%	3.7	2.6	6.3	0	21	1	0	0	2	0	0	0	0	0	n/a	2	0	19%	93%	26
2842	UPAC	Planned Surgery and Opthalmology	K. Monk ASU	0	49.74	6.04	27%	#DIV/0!	37.12	94%	6.1	5.3	11.4	3	14	3	0	0	1	0	0	0	0	0	n/a	0	0	43%	96%	28
2932	UPAC	Planned Surgery and Opthalmology	Anaes	n/a	17.50	8.73	39%	17%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2767	UPAC	Planned Surgery and Opthalmology	Neuro	n/a	44.00	12.00	19%	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2766	UPAC	Planned Surgery and Opthalmology	Cardiac	n/a	16.00	0.20	34%	10%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2769	UPAC	Planned Surgery and Opthalmology	Recovery	n/a	32.30	6.04	22%	29%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2762	UPAC	Planned Surgery and Opthalmology	Theatre 1-6	n/a	15.77	-3.20	25%	20%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2765	UPAC	Planned Surgery and Opthalmology	Theatre 7, obs, nights	n/a	33.00	8.18	19%	19%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2764	UPAC	Planned Surgery and Opthalmology	Theatre 8, 9 +10	n/a	20.00	4.00	17%	16%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2366	UPAC	Planned Surgery and Opthalmology	Radiology	n/a	15.45	2.45	23%	8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	1	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2353	UPAC	Planned Surgery and Opthalmology	Breast	n/a	12.53	0.13	19%	5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	n/a
2364	UPAC	Planned Surgery and Opthalmology	N.Med	n/a	3.00	1.00	96%	0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2144	UPAC	Planned Surgery and Opthalmology	Pain	n/a	7.07	2.07	27%	0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
various	UPAC	Planned Surgery and Opthalmology	DSU	n/a	65.11	4.42	28%	22%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2468	UPAC	Planned Surgery and Opthalmology	Guthrie	n/a	30.01	1.92	18%	6%	21.85	87%	6.5	1.5	8.0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	21
2294	UPAC	Women's health	W. Gilliatt	n/a	59.44	-3.77	29%	21%	n/a	n/a	3.4	2.0	5.4	0	0	0	0	0	0	0	0	0	0	0	n/a	0	4	0%	0%	50
2284	UPAC	Women's health	NBC	n/a	88.21	-3.21	34%	16%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	23
2283	UPAC	Women's health	Brunel	1	26.92	2.51	31%	19%	17.18	96%	4.9	2.2	7.1	0	1	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	18
2198	Networked Care	Liver + Renal	Todd	3	41.04	4.52	24%	14%	30.58	100%	4.9	2.4	7.3	4	13	0	0	0	0	0	0	0	0	0	n/a	1	0	44%	96%	22
2186	Networked Care	Liver + Renal	Dawson	3	35.35	5.12	26%	19%	31.73	99%	4.0	2.9	6.9	1	22	0	0	0	1	0	0	0	0	0	n/a	0	0	70%	90%	21
2302/2946	Networked Care	Liver + Renal	Fisk and Cheere	2	49.80	11.19	41%	25%	45.25	90%	5.4	3.0	8.4	0	7	0	0	0	2	0	0	0	0	0	n/a	0	0	20%	77%	30
2854	Networked Care	Liver + Renal	Howard	2	25.18	1.34	19%	14%	21.44	100%	5.4	2.6	8.0	1	4	0	0	0	1	1	0	0	0	0	n/a	0	1	39%	91%	16
2215	Networked Care	Haematology and Precision	DMU	n/a	26.65	3.53	31%	32%	25.34	100%	6.6	2.7	9.3	0	12	0	0	0	3	0	0	0	0	0	n/a	1	0	35%	86%	15
2618	Networked Care	Haematology and Precision	Davidson	n/a	31.79	6.53	25%	31%	27.94	100%	6.2	2.1	8.3	0	18	1	0	0	0	0	0	0	0	0	n/a	1	0	7%	100%	17
2899	Networked Care	Haematology and Precision	Waddington	n/a	18.96	1.58	30%	27%	15.02	100%	7.4	1.8	9.2	0	6	0	0	0	0	0	0	0	0	0	n/a	0	0	54%	86%	9
	Networked Care	Haematology and Precision	Elf & Libra	n/a	31.79	4.25	23%	19%	26.00	99%	6.0	2.1	8.1	0	16	0	0	0	0	0	0	0	0	0	n/a	2	1	0%	0%	16
	Networked Care	Cardiovascular	V&A	n/a					23.17	99%	4.6	0.6	5.2	0	6	0	0	0	0	0	0	0	0	0	n/a	0	0	7%	86%	18
2160	Networked Care	Cardiovascular	HDU	n/a	75.36	12.91	44%	16%	n/a	n/a	10.8	2.6	13.4	0	3	0	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	10
	Networked Care	Cardiovascular	CRU	n/a					n/a	n/a	21	0.4	21.4	0	1	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	0
2153	Networked Care	Cardiovascular	Sam Oram	2	44.88	4.07	36%	27%	36.90	97%	4.7	3.7	8.4	0	4	0	0	0	1	0	0	0	0	0	n/a	0	0	18%	92%	17
	Networked Care	Cardiovascular	Sam Oram CCU	n/a							9.1	1.3	10.4	0	3	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	8
2158	Networked Care	Cardiovascular	Cath lab	n/a	28.53	3.26	24%	0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
2344	Networked Care	Cardiovascular	Cotton	n/a	36.07	1.02	27%	15%	37.63	99%	3.8	1.9	5.7	0	0	0	0	0	1	0	0	0	0	0	n/a	0	0	0%	0%	26
2246	Networked Care	Neurosciences	K.Wilson	3	37.12	8.50	20%	29%	32.29	100%	5.1	4.5	9.6	0	15	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	20
2667	Networked Care	Neurosciences	Kinnier Wilson HDU	n/a	34.15	8.31	18%	30%	n/a	n/a	12.7	1.0	13.7	1	2	0	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	11
2612	Networked Care	Neurosciences	David Marsden	2	55.96	14.27	31%	38%	51.49	100%	4.3	4.7	9.0	0	16	1	0	0	1	0	0	0	0	0	n/a	0	0	25%	92%	31
2242	Networked Care	Neurosciences	MF	n/a	48.38	4.79	24%	21%	38.29	95%	4.5	2.6	7.1	0	17	1	0	0	2	0	0	0	0	0	n/a	0	0	58%	95%	31
2225	Networked Care	Neurosciences	Friends	n/a	61.38	14.74	17%	25%	43.13	92%	7.2	3.2	10.4	0	11	0	0	0	2	0	0	0	0	0	n/a	1	2	33%	89%	29
2205	Networked Care	Neurosciences	FCRU	2	32.84	9.84	50%	16%	24.22	99%	4.1	4.0	8.1	0	3	0	0	0	0	2	0	0	0	0	n/a	0	0	0%	0%	15
2L18	Networked Care	Neurosciences	Ontario	3	33.50	2.20	30%	12%	38.06	97%	3.1	2.9	6.0	0	6	0	0	0	0	0	0	0	0	0	n/a	0	0	83%	90%	20
2167	Networked Care	Variety Children's Hospital	T&G	n/a	32.79	2.96	35%	21%	17.21	93%	7.7	1.6	9.3	6	24	0	0	0	0	0	0	0	0	1	n/a	0	0	16%	100%	15
2171	Networked Care	Variety Children's Hospital	RoS	n/a	38.92	4.88	20%	10%	n/a	n/a	7.8	1.5	9.3	1	7	0	0	0	0	0	0	0	0	0	n/a	0	1	28%	100%	18
2177	Networked Care	Variety Children's Hospital	Children's surgical Ward	n/a	39.75	-7.52	20%	16%	41.45	100%	6.8	1.7	8.5	2	35	0	0	0	1	0	0	0	0	0	n/a	0	0	12%	100%	10
2173	Networked Care	Variety Children's Hospital	Thomas Cook CCCC	n/a	73.10	4.26	25%	11%	n/a	n/a	19.0	1.6	20.6	4	9	0	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	14
2170	Networked Care	Variety Children's Hospital	NICU	n/a	101.51	20.69	23%	30%	n/a	n/a	12.5	0.2	12.7	7	16	0	0	0	0	0	0	0	1	0	n/a	0	0	n/a	n/a	34
2176	Networked Care	Variety Children's Hospital	Ambulatory	n/a	13.10	0.42	18%	3%	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	9
2989	Networked Care	Variety Children's Hospital	Paediatric Short Stay Unit	n/a	20.39	1.47	20%	12%	n/a	n/a	10.5	5	15.5	1	5	0	0	0	0	0	0	0	0	0	n/a	0	0	34%	88%	12
2936	Networked Care	Critical Care, Radiology + MEP	Christine Brown	n/a	100.90	2.70	22%	8%	n/a	n/a	24.1	1.3	25.4	0	14	2	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	18
2133/2993	Networked Care	Critical Care, Radiology + MEP	Frank Stansil (MCCU)	n/a	80.05	5.79	25%	12%	n/a	n/a	25.6	1.7	27.3	0	7	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	30
	Networked Care	Critical Care, Radiology + MEP	Jack SteinBerg (SCCU)	n/a	95.04	-3.38	20%	7%	n/a	n/a	24.4	1.1	25.5	0	9	2	0	0	0	0	0	0	0	1	n/a	0	0	n/a	n/a	
2195	Networked Care	Critical Care, Radiology + MEP	LITU	n/a	100.65	12.97	26%	16%	n/a	n/a	30.0	1.0	31.0	0	1	1	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	19
					2607.61	292.76		20%						65	612	17	0	0	32	5	0	0	2	2		12	28			1084

PRUH February 2017

King's College Hospital NHS Foundation Trust

Area				C2C		WTE						CHPPD			Red Shifts		Pressure Ulcers				Falls			Infections				Complaints/FFT Survey			Beds
Division	Cost Centre	Dept	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	DTI	Minor	Mod	Major	MRSA	CDIFF	UTIs	E Coli	No. of Complaints	Resp rate % FFT	Recommend (%)	Beds
PRUH and SS	2A24	Post-Acute Medicine	S1 (Darwin 1)	n/a	35.51	1.25	25%	34%	34.19	100%		3.6	5.6	9.2	1	13	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	20
PRUH and SS	2A37	Post-Acute Medicine	S2 (Darwin 2)	2	36.51	4.15	32%	23%	34.34	100%		3.3	5.2	8.5	1	14	0	0	0	0	0	0	1	0	0	n/a	0	0	0%	0%	20
PRUH and SS	2A68	Post-Acute Medicine	Medical 1	3	23.69	6.46	43%	50%	no data			5.7	5.3	11.0	6	5	1	0	0	0	0	0	0	0	0	n/a	0	0	55%	94%	12
PRUH and SS	2A21	Post-Acute Medicine	Medical 2	2	29.82	1.45	31%	38%	no data			3.3	3.5	6.8	5	3	0	0	0	0	1	0	0	0	0	n/a	1	0	0%	0%	20
PRUH and SS	2A28	Post-Acute Medicine	Medical 3	1	29.82	5.59	33%	46%	33.45	99%		3.7	4.0	7.7	0	1	0	0	0	0	0	0	0	0	1	n/a	0	1	4%	100%	20
PRUH and SS	2A23	Post-Acute Medicine	Medical 4	2	4.13	-20.87	-341%	257%	24.39	100%		3.7	3.7	7.4	0	1	0	0	0	0	0	0	1	0	0	n/a	0	0	100%	91%	20
PRUH and SS	2A26	Post-Acute Medicine	Medical 6	2	29.82	5.21	41%	51%	33.15	100%		3.5	4.5	8.0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	2	64%	100%	20
PRUH and SS	2A27	Post-Acute Medicine	Medical 7	2	29.82	1.37	20%	29%	34.31	100%		3.5	3.0	6.5	0	6	0	0	0	0	0	0	0	0	0	n/a	0	0	55%	92%	20
PRUH and SS	2A74	Post-Acute Medicine	Farnborough	2	29.82	2.06	40%	99%	45.50	100%		4.4	3.8	8.2	1	8	1	0	0	0	1	0	0	0	0	n/a	0	0	16%	100%	25
PRUH and SS	TBA	Post-Acute Medicine	Elizabeth Ward	n/a	0.00	0.00		#DIV/0!	10.46	35%		3.7	5.0	8.7	0	8	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	19
PRUH and SS	2L35	Post-Acute Medicine	Churchill Ward	n/a	0.00	0.00			26.62	91%		3.9	5.1	9.0	5	9	0	0	0	0	1	0	0	0	0	n/a	0	0	0%	0%	19
PRUH and SS	2A25	Post-Acute Medicine	Medical 8	3	44.61	3.56	35%	22%	33.30	100%		3.6	2.2	5.8	0	2	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20
PRUH and SS		Post-Acute Medicine	CCU						24.87	97%		6.2	0.5	6.7	0	1					0	0	0	0	0	n/a	0	0	0%	0%	13
PRUH and SS	2A43	Post-Acute Medicine	Chartwell	2	24.09	4.43	50%	29%	no data			5.6	2.7	8.3	2	11	0	0	0	0	2	1	0	0	0	n/a	0	0	0%	0%	12
PRUH and SS	2A04	Post-Acute Medicine	Med 5 - S	2	79.29	15.69	45%	24%	44.48	100%		3.0	2.8	5.8	0	1	0	0	0	0	2	0	0	0	0	n/a	1	0	0%	0%	26
PRUH and SS	2A05	Post-Acute Medicine	Med 5 - H						22.26	97%		9.5	4.0	13.5	0	2	0	0	0	0	0	0	0	0	0	n/a	0	0	53%	100%	14
PRUH and SS	2A01	Post-Acute Medicine	ED	1	96.23	13.43	41%	25%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	1	0	0	0	n/a	0	5	8%	81%	n/a
PRUH and SS	2A35	Acute & Emergency Care	AMU 2 (Med 9)	2	105.99	25.33	31%	25%				4.9	3.3	8.2	1	19	0	0	0	0	1	0	0	0	0	n/a	0	3	31%	96%	28
PRUH and SS	2A35	Acute & Emergency Care	AMU 1 (EAU)						45.17	98%		5.5	3.3	8.8	2	8	0	0	0	0		0	0	0	0		0		9%	40%	28
PRUH and SS	2A36	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 3	3	29.98	6.22	39%	27%	no data			4.6	2.6	7.2	0	14	0	0	0	0	0	0	0	0	0	n/a	0	0	57%	91%	20
PRUH and SS	2A82	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 4	3	24.10	2.37	29%	20%	20.07	99%		4.1	3.0	7.1	0	5	0	0	0	0	0	0	0	0	0	n/a	0	1	72%	100%	14
PRUH and SS	2A55	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 5	2	39.48	8.48	41%	26%	43.77	98%		3.9	2.7	6.6	0	26	0	0	0	0	0	0	0	0	0	n/a	0	0	32%	95%	28
PRUH and SS	2A72	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 6	3	29.22	1.69	37%	16%	29.05	98%		4.1	2.5	6.6	0	7	0	0	0	0	0	0	1	0	0	n/a	0	0	41%	89%	20
PRUH and SS	2A54	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 7	3	44.61	7.33	40%	29%	47.08	99%		3.6	3.8	7.4	0	5	1	0	0	0	2	0	0	0	0	n/a	0	0	0%	0%	29
PRUH and SS	2L08	Surgery, Theatres, Anaesthesia & Endoscopy	Quebec	n/a	17.90	-1.01	17%	13%	10.93	58%		7.0	3.7	10.7	0	6	0	0	0	0	1	0	0	0	0	n/a	0	0	100%	97%	19
PRUH and SS	2L07	Surgery, Theatres, Anaesthesia & Endoscopy	Bodington	2	26.00	6.75	39%	18%	16.05	68%		5.8	3.3	9.1	1	3	0	0	0	0	0	0	0	0	0	n/a	0	0	48%	94%	24
PRUH and SS	2A88	Surgery, Theatres, Anaesthesia & Endoscopy	171 Day Surgery Unit	n/a	67.00	8.02	40%	9%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
PRUH and SS	2B62	Surgery, Theatres, Anaesthesia & Endoscopy	171 QMS Theatre Staff	n/a	17.00	2.31	35%	2%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
PRUH and SS	2L02/2L03	Surgery, Theatres, Anaesthesia & Endoscopy	171 Orpington Orthopaedic Theatre Pay	n/a	32.50	-2.53	30%	13%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
PRUH and SS	2A85	Surgery, Theatres, Anaesthesia & Endoscopy	171 Theatres Staffing 1 to 6	n/a	93.50	13.55	34%	11%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
PRUH and SS	2C12	Women's, Children's & Core Services	Children's ward	1	23.35	1.28	51%	46%	20.22	100%		8.6	0.7	9.3	0	7	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	19
PRUH and SS	2C13	Women's, Children's & Core Services	SCBU	UD	22.52	3.36	47%	15%	n/a	n/a		7.2	1.5	8.7	2	7	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	12
PRUH and SS	2A73	Women's, Children's & Core Services	Surgical 8	3	25.19	4.82	37%	31%	21.26	100%		5.4	2.5	7.9	0	6	0	0	0	0	0	0	0	0	0	n/a	0	2	21%	100%	16
PRUH and SS	2C10	Women's, Children's & Core Services	Birthing Centre PRU	n/a	17.06	-3.45	12%	12%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	6
PRUH and SS	2A95	Women's, Children's & Core Services	PRUH Labour Ward	n/a	77.95	3.02	37%	13%	n/a	n/a		n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	n/a	0	0	93%	98%	10
PRUH and SS	2A99	Women's, Children's & Core Services	Maternity Ward	UD	37.91	4.12	41%	24%	n/a	n/a		4.9	2.1	7.0	0	1	0	0	0	0	0	0	0	0	0	n/a	0	0	35%	92%	30
PRUH and SS	2F13	Women's, Children's & Core Services	ITU	3	53.70	2.68	30%	17%	n/a	n/a		27	1.9	28.9	7	3	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	10
Total					1278.12	138.12									33	189	3	0	0	0	11	2	3	0	1	0	2	15			613

Conclusions and recommendations

Conclusions

1.The CHPPD 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.Variation across the KCH sites with better retention seen at the PRU than DH. Variation between wards and units with particularly low substantive staff seen on the neuro sciences and medicine wards DH..

3. A new Matron has been appointed to the medical wards and new Sister posts being actively recruited.

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.Poor uptake of the FFT over the last few months which has limited analysis of the effect on patient experience. The Patient experience team now recruited to vacant posts. In the OPD Volunteers will be working with staff to ensure higher numbers of FFT returns.

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.Kings is a fast follower pilot for the Nursing Associate role which will eventually contribute to the skill mix on the wards. The first NAs have been recruited.

3.A new initiative to provide employment contracts for all undergraduate students as they complete the second of their three year degree.

4.A comprehensive establishment and skill mix review to be commenced in March 2017 and presented to the Board in May 2017.

5.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.

6.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.

7.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.

8.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 – February 2017

Division	Care Group	Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Networked Care	Variety Children's Hospital	Neonatal Intensive Care Unit	>34 babies on some shifts requiring more staff, infection control issues meaning 1:1 staffing
Networked Care	Liver + Renal	Dawson	Additional HCAs used to augment RN numbers keeping the staffing levels safe.
Networked Care	Neurosciences	David Marsden	Additional HCAs used to special patients and fill RN shifts when not filled.
Networked Care	Cardiovascular	Victoria & Albert	Additional HCAs used to special patients.
Networked Care	Critical Care, Radiology + MEP	Liver Intensive Care Unit	HCA low fill at night- due to long term sickness , safe staffing level maintained with mainly 1:1
Networked Care	Neurosciences	Kinnier Wilson	HCA replacing RN vacancies plus high number of HCA specials required.
Networked Care	Haematology and Precision	Davidson	low fill rate of Hca day shifts - very high levels of patients requiring specialling on the other
Networked Care	Variety Children's Hospital	Toni & Guy	Recruited to vacancy awaiting start dates, RN posts when not cover extra bookings for HCA's
Networked Care	Variety Children's Hospital	DH-The Children's Surgical Ward	Recruited to vacancy awaiting start dates, RN posts when not covered - Extra bookings for HCA's put out, Also safeguarding specialling
Networked Care	Critical Care, Radiology + MEP	Jack Steinberg Critical Care	Where some shifts are not filled with bank nurses senior nurses are in place to support
UPACS	Post-Acute and Planned Medicinie + Outpatients	Annie Zunz	Some RN shift not covered .ward operating at amber levels which is safe staffing levels
UPACS	Planned Surgery and Opthalmology	Katherine Monk	Additional HCAs being used to cover where RN vacancy Shifts not filled to ensure patient safety is not affected.
UPACS	Planned Surgery and Opthalmology	Coptcoat Ward	Additional HCAs being used to cover where RN vacancy Shifts not filled to ensure patient safety is not affected. In addition to this we have had to keep SSU open.
UPACS	Planned Surgery and Opthalmology	Twining	Additional HCAs used at night to special patients where required.
UPACS	Planned Surgery and Opthalmology	Lister	Moved staff off of lister to support other surgical wards and have had to use additional HCAs to support this shortage.
UPACS	Post-Acute and Planned Medicinie + Outpatients	Donne	NHSP bookings not filled - Ward staff escalated to performance phone and support provided with reallocation of HCAs if possible . Reviewed at the wards safety huddle to ensure patient
UPACS	Planned Surgery and Opthalmology	Short Stay Surgical Unit	RN vacancies not filled by bank however staff have been moved from other surgical wards to support in addition to HCAs.
UPACS	Acute and Emergency	R D Lawrence	Where shifts were not filled on HCA day staff were moved around from other ward to ensure patient safety was not affected.

HCA and RN staffing levels – Lower than Planned – February 2017

New Division	New Dept Name	Ward	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Networked Care	Neurosciences	Frank Cooksey	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
PRUH and SS	Women's, Children's & Core Services	Intensive Care Unit	1 x HCA on LTS during month. Staffing adjusted to optimise safety and out to NHSP when needed, though not all shifts backfilled.
PRUH and SS	Women's, Children's & Core Services	Children's Ward	Recruited to vacancy of HCA's awaiting start date
PRUH and SS	Women's, Children's & Core Services	Special Care Baby Unit	Recruited to vacancy of HCA's awaiting start date
PRUH and SS	Women's, Children's & Core Services	Maternity Unit (PRU)	There has been support staff consultation, which has resulted in staff moving into different roles/areas, therefore some shifts have been difficult to fill.
PRUH and SS	Post-Acute Medicine	Chartwell Unit	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
PRUH and SS	Post-Acute Medicine	Elizabeth (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.
PRUH and SS	Surgery, Theatres, Anaesthesia & Endoscopy	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.