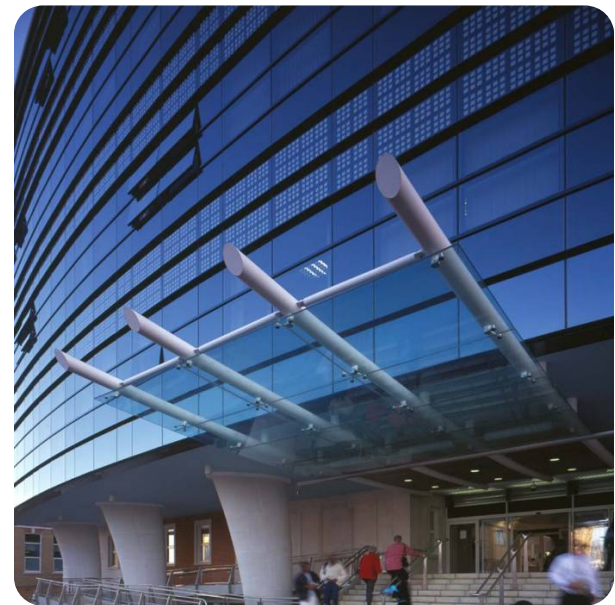


Monthly Nurse Safer Staffing Report March 2017

Trust Board May 2017

Dr Shelley Dolan
Chief Nurse /Executive Director Midwifery



Report to:	Trust Board
Date of meeting:	Wednesday 3rd May 2017
Subject:	Monthly Unify Staffing Report (March 2017)
Author(s):	Maria Donbavand
Presented by:	Shelley Dolan
Sponsor:	Shelley Dolan
History:	Monthly Nursing, Midwifery and Care staff numbers to the Board
Status:	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 **March 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:

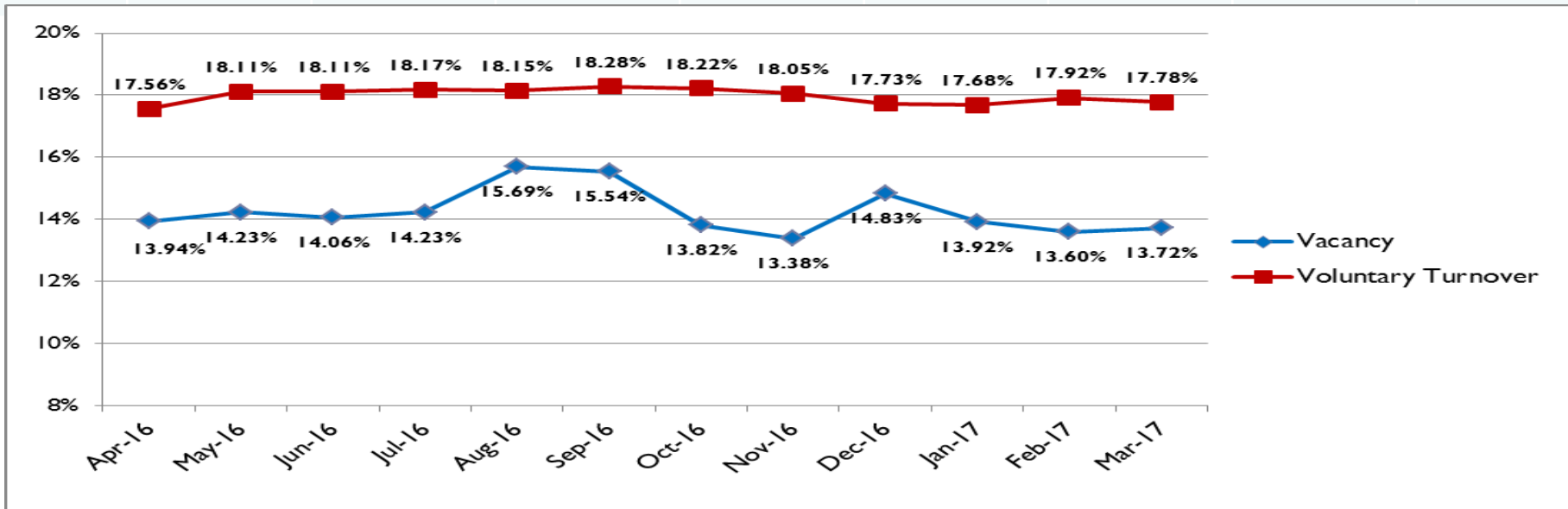
1. Expert clinical leadership at Sister /Charge Nurse and Matron level
2. Appropriate skill mix for the acuity and dependency of the patient group
3. Appropriate establishment for the size / complexity of the unit
4. Ability to recruit the numbers required to fill the establishment
5. Good retention 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

Nursing and Midwifery

Mar-17

Band	Headcount	Establishment FTE	In-Post FTE	Vacancy FTE	Vacancy %	Voluntary Turnover %	Monthly Sickness %
Band 5	1,894	2,196.49	1,813.72	382.77	17.43%	24.02%	3.22%
Band 6	1,255	1,287.55	1,144.04	143.51	11.15%	13.78%	3.70%
Band 7	682	687.53	633.42	54.11	7.87%	10.67%	2.68%
Band 8 - A	199	208.02	187.01	21.01	10.10%	12.47%	2.38%
Band 8 - B	31	46.98	30.28	16.70	35.55%	6.22%	0.44%
Band 8 - C	23	17.75	23.40	-5.65	0.00%	20.27%	0.14%
Band 8 - D	1	3.23	1.00	2.23	69.04%	57.14%	0.00%
Band 9	5	1.00	5.00	-4.00	0.00%		1.29%
Other	2	2.00	2.00	0.00	0.00%	57.14%	0.00%
Grand Total	4,092	4,450.55	3,839.87	610.68	13.72%	17.78%	3.18%



N&M and Support Staff		Mar-17		
Voluntary Turnover %				
Band	DH & Ass. Sites	PRUH & Ass. Sites	Grand Total	
Band 2	15.42%	18.22%	16.61%	
Band 3	15.88%	7.49%	13.32%	
Band 4	13.93%		12.06%	
Band 5	24.71%	21.99%	23.95%	
Band 6	16.21%	8.60%	13.78%	
Band 7	11.53%	8.28%	10.78%	
Band 8 - A	13.77%	5.85%	12.47%	
Band 8 - B	3.60%	29.27%	6.42%	
Band 8 - C	31.91%		25.42%	
Band 8 - D	57.14%		57.14%	
Other	36.36%	100.00%	64.86%	
Grand Total	18.35%	15.09%	17.37%	
N&M and Support Staff				
leavers/Starters (Apr-16 to Mar-17)				
	Headcount	FTE		
Starters	1,131	1,096.57		
Leavers	974	901.38		

	Mar-17	N&M and Support Staff
Description	Monthly Figure	
Appraisal Rate	TBC	
Leavers (Headcount)		70
Starters (headcount)		75
Sickness Rate		3.60 %
Long-Term Sickness		1.96 %
Short-Term Sickness		1.63 %
Vacancy Rate		12.31 %
Stability Index		82.75 %
Voluntary Turnover Rate		17.37 %

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 **79** clinical inpatient areas in March, the **actual** number of staff as a percentage of the **planned** number is recorded. The average nurse fill at DH in March was **95%** and at the PRUH **97%**. In comparison average fill rates at **Guys and St.Thomas NHS FT was 94%, Imperial College NHS Trust was 98% and UCLH 95%** 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.

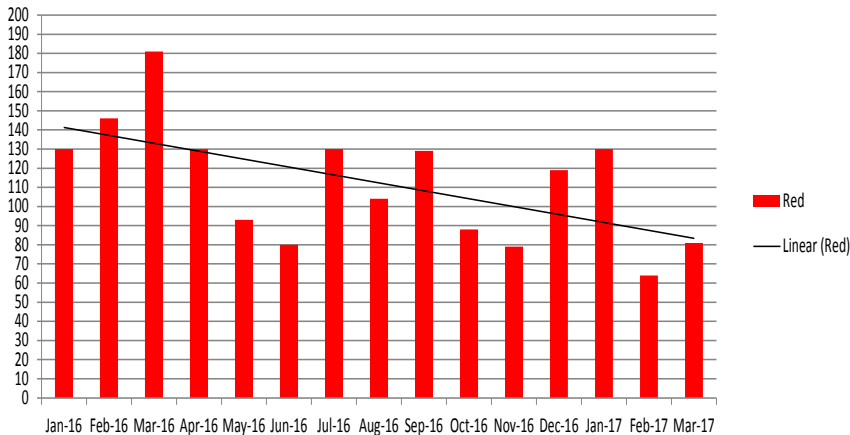
Safer Staffing Fill rate - March 2017		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	95%	131%
PRUH	97%	131%

Understaffing

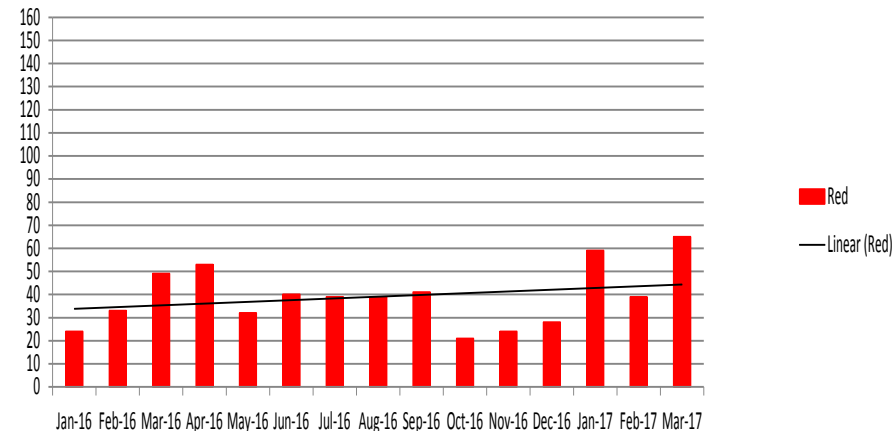
25 wards had actual staffing of below 85% over the month (Appendix 1+ 2) highlights the reasons for this and how the shift was made safe, all such instances are reported on the red shift reporting system.

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 **146 Red shifts** declared in **March 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.

No. of Red Shifts between Jan 16 - Mar 17
Denmark Hill



No. of Red Shifts between Jan 16 - Mar 17
PRUH



HON		Cost Centre	Division	Department Name	Ward	CZC	Est	WTE		CHPPD		Reg Shift Status		Pressure Ulcers			Falls			Infections			Complaints/Survey		Beds							
HON		Cost Centre	Division	Department Name	Ward	CZC	Dec Est	%vac/abs	Total Bank & Agency	% of B+A Vse Est	Acuity data	occupancy	RNs/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
Gwyneth Richardson-Hearn	2206	UPAC	Post-Acute and Planned Medicin	Byron	n/a	42.64	37%	13.40	31%	49.56	99%	3.9	3.1	7.0	1	22	2	0	0	3	0	0	0	0	0	0	0	0	4%	100%	30	
Gwyneth Richardson-Hearn	2238	UPAC	Post-Acute and Planned Medicin	Donne	n/a	45.20	38%	14.95	33%	50.14	97%	3.6	3.0	6.6	3	27	0	0	0	1	0	0	0	0	0	0	0	0	68%	90%	30	
Gwyneth Richardson-Hearn	2239	UPAC	Post-Acute and Planned Medicin	M. Warren	n/a	45.20	30%	10.36	23%	52.27	95%	3.4	3.5	6.9	4	25	0	0	0	2	0	0	0	0	0	0	0	1	0%	0%	32	
Erika Grobler	2497	UPAC	Post-Acute and Planned Medicin	Lonsdale	2	40.08	24%	4.63	12%	31.23	98%	4.6	2.5	7.1	2	32	0	0	0	0	0	0	0	0	0	0	0	0	0	38%	97%	25
Erika Grobler	2935	UPAC	Post-Acute and Planned Medicin	Mary Ray/Charles Polkey	0	42.64	24%	12.06	28%	46.22	98%	6.7	3.5	10.2	1	22	0	0	0	3	0	0	0	0	0	0	0	0	27%	92%	30	
Erika Grobler	2211	UPAC	Post-Acute and Planned Medicin	Oliver	2	42.64	34%	8.74	20%	no data		3.5	2.5	6.0	2	17	2	0	0	1	0	0	0	0	0	0	0	0	60%	95%	30	
Erika Grobler	2336	UPAC	Post-Acute and Planned Medicin	Mathew Whiting (ACH)	1	0	#DIV/0!	13.76	#DIV/0!	28.81	83%	5.3	2.5	7.8	2	29	0	0	0	0	0	0	0	0	0	0	0	0	45%	83%	25	
Erika Grobler	2202	UPAC	Post-Acute and Planned Medicin	AZ	n/a	51.11	19%	3.31	6%	44.00	100%	5.8	2.8	8.6	5	37	1	0	0	1	0	0	0	0	0	0	0	4	26%	82%	28	
Erika Grobler	2794	UPAC	Acute and Emergency	RDL AMU	3	51.71	22%	10.58	20%	33.16	98%	6.0	2.3	8.3	4	23	0	0	0	1	0	0	0	0	0	0	0	1	13%	94%	28	
Ernie Watkins	2776/2337	UPAC	Acute and Emergency	E D (Adults and Paeds)	n/a	150.53	28%	51.57	34%	n/a	n/a	n/a	n/a	n/a	0	9	0	0	0	0	0	0	0	0	0	0	0	0	5%	75%	n/a	
Kevin Dennison	2337	UPAC	Planned Surgery and Ophthalmology	Lister	n/a	40.48	31%	14.95	37%	40.94	100%	3.9	2.7	6.7	0	23	0	0	0	0	0	0	0	0	0	0	0	0	25%	91%	28	
Kevin Dennison	2977	UPAC	Planned Surgery and Ophthalmology	Coptcoat	3	42.35	50%	9.82	23%	16.61	94%	5.0	2.7	7.7	0	9	0	0	0	0	0	0	0	0	0	0	0	0	50%	100%	15	
Kevin Dennison	n/a	UPAC	Planned Surgery and Ophthalmology	Short Stay SU	n/a	0.00	50%	0.00	0%	7.82	69%	7.0	2.8	9.8	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%	10	
Kevin Dennison	2578	UPAC	Planned Surgery and Ophthalmology	Trundle	3	32.00	30%	4.24	13%	25.10	95%	5.0	5.2	10.2	0	6	2	0	0	0	0	0	0	0	0	0	0	0	57%	91%	16	
Kevin Dennison	2841	UPAC	Planned Surgery and Ophthalmology	Twining	n/a	0.00	#DIV/0!	12.38	25%	42.34	100%	3.7	2.3	6.0	1	20	1	0	0	0	0	0	0	0	0	0	0	0	27%	74%	26	
Kevin Dennison	2842	UPAC	Planned Surgery and Ophthalmology	K. Monk ASU	0	49.74	34%	15.91	#DIV/0!	37.96	94%	6.7	4.6	11.3	2	26	2	0	0	0	0	0	0	0	0	0	0	2	21%	77%	28	
Kevin Dennison	2932	UPAC	Planned Surgery and Ophthalmology	Anaes	n/a	17.50	35%	4.45	25%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	1	n/a	n/a	n/a	
Kevin Dennison	2767	UPAC	Planned Surgery and Ophthalmology	Neuro	n/a	44.00	25%	5.93	13%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2766	UPAC	Planned Surgery and Ophthalmology	Cardiac	n/a	16.00	54%	1.95	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2769	UPAC	Planned Surgery and Ophthalmology	Recovery	n/a	32.30	29%	12.97	40%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2762	UPAC	Planned Surgery and Ophthalmology	Theatre 1-6	n/a	15.77	42%	3.88	25%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2765	UPAC	Planned Surgery and Ophthalmology	Theatre 7, obs, nights	n/a	33.00	25%	8.81	27%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2764	UPAC	Planned Surgery and Ophthalmology	Theatre 8, 9 + 10	n/a	20.00	32%	5.06	25%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2366	UPAC	Planned Surgery and Ophthalmology	Radiology	n/a	15.45	29%	0.7	5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2353	UPAC	Planned Surgery and Ophthalmology	Breast	n/a	12.53	47%	0.55	4%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2364	UPAC	Planned Surgery and Ophthalmology	N.Med	n/a	3.00	128%	0.00	0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2144	UPAC	Planned Surgery and Ophthalmology	Pain	n/a	7.07	18%	0.00	0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	various	UPAC	Planned Surgery and Ophthalmology	DSU	n/a	65.11	79%	18.47	28%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a	
Kevin Dennison	2468	UPAC	Planned Surgery and Ophthalmology	Guthrie	n/a	30.01	31%	2.17	7%	23.06	95%	5.6	1.3	6.9	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0%	0%	21	
Maxine Spencer	2294	UPAC	Women's health	W. Gilliat	n/a	59.44	34%	13.18	22%	n/a	n/a	3.8	2.3	6.1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0%	0%	50	
Maxine Spencer	2284	UPAC	Women's health	NBC	n/a	88.21	32%	15.91	18%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	1	n/a	n/a	23	
Maxine Spencer	2283	UPAC	Women's health	Brunel	1	26.92	31%	6.89	26%	17.15	96%	4.7	2.0	6.7	0	1	0	0	0	0	0	0	0	0	0	0	0	0	32%	93%	18	
Rachel Mwansa	2198	Networked Care	Liver + Renal	Todd	3	41.04	27%	5.82	14%	30.53	99%	5.9	2.6	8.5	0	11	1	0	0	0	0	0	0	0	0	0	0	0	49%	95%	22	
Rachel Mwansa	2186	Networked Care	Liver + Renal	Dawson	3	35.35	27%	7.38	21%	27.47	100%	3.9	2.8	6.7	4	27	0	0	0	0	0	0	0	0	0	0	0	1	53%	92%	21	
Rachel Mwansa	2302/2946	Networked Care	Liver + Renal	Fisk and Cheere	2	49.80	41%	12.84	26%	45.21	90%	5.1	2.8	7.9	2	15	0	0	0	0	0	0	0	0	0	1	34%	93%	30			
Rachel Mwansa	2854	Networked Care	Liver + Renal	Howard	2	25.18	25%	7.93	31%	21.31	100%	5.1	2.6	7.7	2	2	0	0	0	3	0	0	0	0	0	0	0	0	33%	100%	16	
Glain Jones	2215	Networked Care	Haematology and Precision	DMU	n/a	26.65	31%	10.21	38%	no data		6.6	2.8	9.4	0	29	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%	15	
Glain Jones	2618	Networked Care	Haematology and Precision	Davidson	n/a	31.79	27%	10.51	33%	27.51	100%	7.8	2.1	8.3	0	18	0	0	0	1	0	0	0	0	0	0	0	0	0%	0%	17	
Glain Jones	2899	Networked Care	Haematology and Precision	Waddington	n/a	18.96	30%	6.45	34%	no data		6.2	2.1	9.9	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%	9	
Glain Jones	2817	Networked Care	Haematology and Precision	Elf & Libra	n/a	31.79	33%	7.16	23%	25.94	96%	6.0	2.0	8.0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%	16	
Tania Massey	2160	Networked Care	Cardiovascular	V&A	n/a	n/a	n/a	n/a	n/a	23.84	99%	4.6	0.8	5.4	1	3	0	0	0	1	0	0	0	0	0	0	0	1	8%	63%	18	
Tania Massey	2160	Networked Care	Cardiovascular	HDU	n/a	75.36	46%	12.35	16%	n/a	n/a	10.7	3.0	13.7	0	5	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	10	
Tania Massey	2160	Networked Care	Cardiovascular	CRU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	21.1	0.3	21.4	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	0
Tania Massey	2153	Networked Care	Cardiovascular	Sam Oram	2	44.88	37%	8.99	20%	36.90	99%	4.8	2.1	6.9	1	7	1	0	0	0	0	0	0	0	0	0	0	1	28%	91%	17	
Tania Massey	2153	Networked Care	Cardiovascular	Sam Oram CCU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	9.7	1.6	11.3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	8
Tania Massey	2158	Networked Care	Cardiovascular	Cath lab	n/a	28.53	28%	2.20	8%	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	n/a
Tania Massey	2344	Networked Care	Cardiovascular	Cotton	n/a	36.07	37%	11.01	31%	37.89	99%	3.9	2.7	6.6	1	3	0	0	0	1	0	0	0	0	0	0	0	0	93%	94%	26	
Mark Madams	2246	Networked Care	Neurosciences	K.Wilson	3	37.12	26%	13.94	38%	33.57	100%	5.8	3.6	9.4	0	17	0	0	0	0	0	0	0	0	0	0	0	0	59%	96%	20	
Mark Madams	2667	Networked Care	Neurosciences	Kinnier Wilson HDU	n/a	34.15	24%	13.53	40%	n/a	n/a	12.3	1.4	13.7	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	11
Mark Madams	2612	Networked Care	Neurosciences	David Marsden	2	55.96	31%	33.92	60%	no data		4.4	5.5	9.9	0	9	0	0	0	0	0	0	0	0	0	0	0	2	69%	100%	31	
Mark Madams	2242	Networked Care	Neurosciences	Friends	n/a	61.38	24%	15.66	28%	44.90	97%	7.1	2.9	10.0	0	14	0	0	0	2	0	0	0	0	0	0	0	0	0%	0%	34	
Mark Madams	2225	Networked Care	Neurosciences	Friends	n/a	61.38	24%	15.66	28%	44.90	97%	7.1</																				

Area				C2C	Dec Est	WTE					CHPPD			Red Shifts		Pressure Ulcers			Falls			Infections			Complaints/FFT Survey		Beds				
Division	Cost Centre	Dept	Wards			C2C	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 (%)
PRUH and SS	2A24	Post-Acute Medicine	S1 (Darwin 1)	n/a	35.51	1.25	31%	39%	34.38	100%	3.5	5.1	8.6	4	11	0	0	0	0	0	0	0	0	0	n/a	1	0	42%	100%	20	
PRUH and SS	2A37	Post-Acute Medicine	S2 (Darwin 2)	2	36.51	4.15	34%	24%	no data		3.4	4.9	8.3	0	10	0	0	0	0	1	0	0	0	0	n/a	1	0	8%	100%	20	
PRUH and SS	2A68	Post-Acute Medicine	Medical 1	3	23.69	6.46	43%	42%	20.63	99%	5.7	4.6	10.3	4	5	0	0	0	0	1	0	0	0	0	n/a	0	0	64%	100%	12	
PRUH and SS	2A21	Post-Acute Medicine	Medical 2	2	29.82	1.45	31%	44%	33.63	100%	3.5	3.2	6.7	4	10	0	0	0	0	0	0	0	0	0	n/a	0	1	54%	100%	20	
PRUH and SS	2A28	Post-Acute Medicine	Medical 3	1	29.82	5.59	34%	49%	32.68	98%	3.9	4.0	7.9	0	1	0	0	0	0	0	0	0	0	0	n/a	0	0	85%	82%	20	
PRUH and SS	2A23	Post-Acute Medicine	Medical 4	2	4.13	-20.87	-305%	279%	25.19	100%	3.7	3.7	7.4	1	1	0	0	0	0	0	0	0	0	0	n/a	0	1	91%	97%	20	
PRUH and SS	2A26	Post-Acute Medicine	Medical 6	2	29.82	5.21	47%	54%	32.31	100%	3.5	4.4	7.9	0	0	0	0	0	0	2	0	0	0	0	n/a	0	1	8%	100%	20	
PRUH and SS	2A27	Post-Acute Medicine	Medical 7	2	29.82	1.37	28%	38%	32.23	100%	3.6	3.0	6.6	2	9	0	0	0	0	0	0	0	0	0	n/a	0	0	25%	80%	20	
PRUH and SS	2A74	Post-Acute Medicine	Famborough	2	29.82	2.06	36%	109%	45.93	100%	4.4	4.1	8.5	1	4	1	0	0	0	2	0	0	0	0	1	n/a	0	0	33%	95%	25
PRUH and SS	TBA	Post-Acute Medicine	Elizabeth Ward	n/a	0.00	0.00		#DIV/0!	13.04	53%	4.0	4.9	8.9	2	9	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			27.70	96%	3.8	5.3	9.1	7	4	1	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	42%	30%	33.34		3.5	2.4	5.9	2	1	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20	
PRUH and SS	2A25	Post-Acute Medicine	CCU	3	44.61	3.56	42%	30%	24.10	94%	6.8	0.6	7.4	3	10	0	0	0	0	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	54%	39%	no data		5.6	3.1	8.7	4	10	0	0	0	0	0	0	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	46%	23%	44.71	100%	2.9	2.9	5.8	0	0	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	26	
PRUH and SS	2A05	Post-Acute Medicine	Med 5 - H	2	79.29	15.69	46%	23%	23.02	97%	9.9	3.4	13.3	0	0	0	0	0	0	1	0	0	0	0	1	n/a	0	0	32%	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	2	1	0	0	0	n/a	0	5	7%	82%	n/a	
PRUH and SS	2A35	Acute & Emergency Care	AMU 2 (Med 9)	2	105.99	25.33	31%	26%	no data		4.3	4.0	8.3	2	14	1	0	0	0	0	0	0	0	0	n/a	0	2	8%	83%	28	
PRUH and SS	2A35	Acute & Emergency Care	AMU 1 (EAU)	2	105.99	25.33	31%	26%	no data		5.9	2.6	8.5	6	14	0	0	0	0	2	0	0	0	0	n/a	0	2	43%	95%	28	
PRUH and SS	2A36	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 3	3	29.98	6.22	51%	38%	no data		4.3	2.7	7.0	1	8	1	0	0	0	0	0	0	0	0	n/a	0	2	15%	100%	20	
PRUH and SS	2A82	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 4	3	24.10	2.37	35%	29%	20.52	98%	4.5	3.1	7.6	0	1	2	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	14	
PRUH and SS	2A55	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 5	2	39.48	8.48	41%	34%	43.93	98%	4.0	2.7	6.7	4	33	2	0	0	0	0	0	0	0	0	n/a	0	0	3%	100%	28	
PRUH and SS	2A72	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 6	3	29.22	1.69	40%	29%	30.04	99%	4.1	2.7	6.8	0	8	0	0	0	1	1	0	0	0	0	n/a	0	0	18%	100%	20	
PRUH and SS	2A54	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 7	3	44.61	7.33	40%	25%	no data		3.6	3.4	7.0	0	2	1	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	29	
PRUH and SS	2L08	Surgery, Theatres, Anaesthesia & Endoscopy	Quebec	n/a	17.90	-1.01	26%	0%	10.52	56%	6.8	3.8	10.6	1	3	0	0	0	0	0	0	0	0	0	n/a	0	0	100%	99%	19	
PRUH and SS	2L07	Surgery, Theatres, Anaesthesia & Endoscopy	Bodington	2	26.00	6.75	42%	13%	16.19	68%	6.2	3.6	9.8	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	88%	98%	24	
PRUH and SS	2A88	Surgery, Theatres, Anaesthesia & Endoscopy	171 Day Surgery Unit	n/a	67.00	8.02	40%	14%	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	47%	1%	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%	14%	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	38%	15%	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	43%	48%	18.25	100%	9.2	0.4	9.6	2	8	0	0	0	0	0	0	0	0	0	n/a	0	0	35%	95%	19	
PRUH and SS	2C13	Women's, Children's & Core Services	SCBU	UD	22.52	3.36	53%	16%	n/a	n/a	7.6	1.8	9.4	1	14	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	42%	0%	no data		5.2	2.4	7.6	0	3	0	0	0	0	0	0	0	0	0	n/a	0	1	40%	98%	16	
PRUH and SS	2C10	Women's, Children's & Core Services	Birthing Centre PRU	n/a	17.06	-3.45	15%	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	0%	0%	6	
PRUH and SS	2A95	Women's, Children's & Core Services	PRUH Labour Ward	n/a	77.95	3.02	43%	18%	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%	10	
PRUH and SS	2A99	Women's, Children's & Core Services	Maternity Ward	UD	37.91	4.12	41%	18%	n/a	n/a	5.9	2.3	8.2	0	1	0	0	0	0	0	0	0	0	0	n/a	0	0	23%	92%	30	
PRUH and SS	2F13	Women's, Children's & Core Services	ITU	3	53.70	2.68	30%	26%	n/a	n/a	25	2.3	27.7	16	2	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	10	
Total					1278.12	138.12								64	196	9	0	0	1	13	1	0	0	2	0	2	16			613	

- 1.KCH recruited over 1000 nurses/midwives and care staff over last 12 months but lost about 900.
- 2.A proactive recruitment initiative was launched in 2017 led by the Chief Nurse and Director of Workforce aimed at attracting band 5/6 nurses domestically using social media/ recruitment days /evenings and expert nurse days.
- 3.KCH recruits band 5/6 nurses centrally using an outsourced function “capita” which is functioning in line with its KPIs.
- 4.There are over 500 nurses/ midwives and care staff in the pipeline awaiting starting at KCH: 374 band 5, 144 band 6
- 5.There are 788 international nurses recruited in the pipeline – realistically about 50% of these will come to fruition.
- 6.Kings is a fast follower pilot for the Nursing Associate role the first NA students start in April 2017.
- 7.A new initiative to provide employment contracts for all undergraduate students as they complete the second of their three year degree.
- 8.Targeted recruitment campaigns for 2017/18 include neurosciences, ED, Critical Care and Medicine. Using film, research, social media and coupling job offers with educational provision e.g. neuroscience KCH will offer the only neuroscience foundation for band 5/6s in England in 2017.
- 9.Critical Care at KCH has one of the lowest vacancy rates in London / South of England – we use a recruitment agency and now planning to use the same initiative for neuro and ED.
- 10.A comprehensive establishment and skill mix review was commenced in March 2017 using the Shelford SNCT, ED tool has already been completed.
- 11.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.
- 12.The Chief Nurse at KCH is working with other CNs across London as part of AUKUH and Shelford groups all CNs have shared ideas and work.
- 13.There is a meeting planned in April 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.

12. 2016 KCH launched the Transfer window – any nurse at KCH can apply to work elsewhere without all the usual recruitment process – initiative won a Capital Nurse award in December 2016.
13. In 2015 the nursing / midwifery headroom CIP reduced the headroom to 19.5 average in London 22.5 (21.5 – 24) currently costing and determining the affordability of returning some of the headroom.
14. 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.
15. KCH CN heading up HEE Capital Nurse programme for SEL and strategy to launch funded career development and action learning set across STP in 2017.
16. Across KHP KCH CN leading on research development and career ladder for nurse researchers
17. KHP initiative mind and body programme to encourage nurses and AHPs to utilise skills and behaviours across physical and mental health settings.
18. In 2017 establishing a career pathway for medicine and elder citizens care – KCH won Burdett award – establishing foundation course with KCL in 2017.

Staff engagement and support:

19. Health and wellbeing initiative launched in March 2017
20. HCA and Staff nurse forums launched across KCH in March /April – ideas generated – you said, we did, how does it feel now – cycle.
21. Transformation strategy Kings Way for Wards – supported ward teams to achieve leadership for transformation – white belt training.
22. Recognition and reward schemes across the Trust
23. Diversity and inclusion schemes relaunched April 2017 led by new HoN – Rachel Mwenza and workforce and nursing.

Conclusion

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 – March 2017

New Division	New Dept Name	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 required, vacancy levels ongoing recruitment
Networked Care	Liver + Renal	Fisk and Cheere Ward	Additional HCAs used to cover RN vacancy, in order to ensure patient safety by having additional support on the ward to do patient basic needs whilst nurses attend to more complex patient issues.
Networked Care	Critical Care, Radiology + MEP	Liver Intensive Care Unit	HCA low fill rate due to long term sickness and vacancy, safe staffing level maintained with mainly 1:1 nursing and NHSP fill when required.
Networked Care	Critical Care, Radiology + MEP	Jack Steinberg Critical Care	HCA posts are being filled on the 15th May - additional RNs used where appropriate depending on acuity of patients.
Networked Care	Neurosciences	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.
Networked Care	Variety Children's Hospital	Thomas Cook CCCC	Long term sickness in the HCA however been fully supported with RNs as and when activity requires.
Networked Care	Haematology and Precision	Davidson	Low fill rate of Hca day shifts - very high levels of patients requiring specialising on the other haem wards and not all shifts filled therefore hcas from this ward moved to ensure safety of patients on other wards.
UPACS	Planned Surgery and Ophthalmology	Lister	Low number of RNs on days and nights due to difficulty recruiting, and subsequently filling vacancies with bank staff. This is reflected in amount of HCAs booked for night duties.
UPACS	Planned Surgery and Ophthalmology	Short Stay Surgical Unit	Low Rns due to staffing being provided by Copcoat: Please see above.
Networked Care	Variety Children's Hospital	Toni & Guy	Recruited to vacancy awaiting start dates, RN posts when not cover extra bookings for HCA's put out.
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 specialising
Networked Care	Neurosciences	Kinnier Wilson	Rn extra staffing day due to acuity / Hca replaced Rns at night safely staffed
UPACS	Post-Acute and Planned Medicinie + Outpatients	Lonsdale	RNs - shifts not covered, ward still safe as working to "amber" levels.
UPACS	Post-Acute and Planned Medicinie + Outpatients	Annie Zunz	Some gaps in RN shift cover but staffing levels are safe.
UPACS	Planned Surgery and Ophthalmology	Coptcoat Ward	Some gaps in RN shift cover but staffing levels are safe.
Networked Care	Liver + Renal	Dawson	Some gaps in RN shift cover but staffing levels are safe.
UPACS	Planned Surgery and Ophthalmology	Twining	Staffing numbers not great due to difficulty recruiting adequate numbers to the ward. HCA numbers higher as RN bookings difficult to fill.

HCA and RN staffing levels – Lower than Planned – March 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)
PRUH and SS	Post-Acute Medicine	Darwin 1 (S1)	Additional staff required for specialising. Safe staffing levels maintained
PRUH and SS	Post-Acute Medicine	Stroke Unit	Additional staff required for specialising. Safe staffing levels maintained
PRUH and SS	Women's, Children's & Core Services	Maternity Unit (PRU)	Support work consultation completed and recruitment in progress - patient care not affected as infant feeding team in place.
PRUH and SS	Women's, Children's & Core Services	Children's Ward	Ward operating at safe staffing levels. There are ongoing recruitment for HCA's and Qualified staff
PRUH and SS	Women's, Children's & Core Services	Special Care Baby Unit	Ward operating at safe staffing levels. There are ongoing recruitment for HCA's and Qualified staff
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.
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	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.