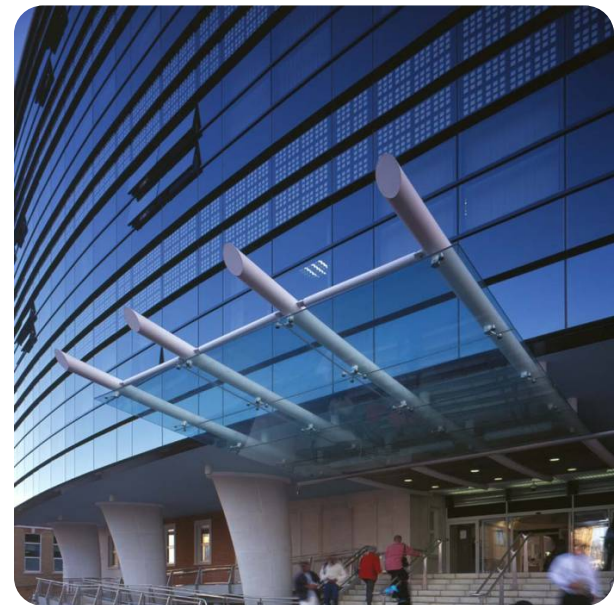


Monthly Nurse Safer Staffing Report April 2017

Trust Board June 2017

Dr Shelley Dolan
Chief Nurse /Executive Director Midwifery



KING'S HEALTH PARTNERS

Report to:	Trust Board
Date of meeting:	Wednesday 7th June 2017
Subject:	Monthly Unify Staffing Report (April 2017)
Author(s):	Richard Lloyd-Booth
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 **April 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:

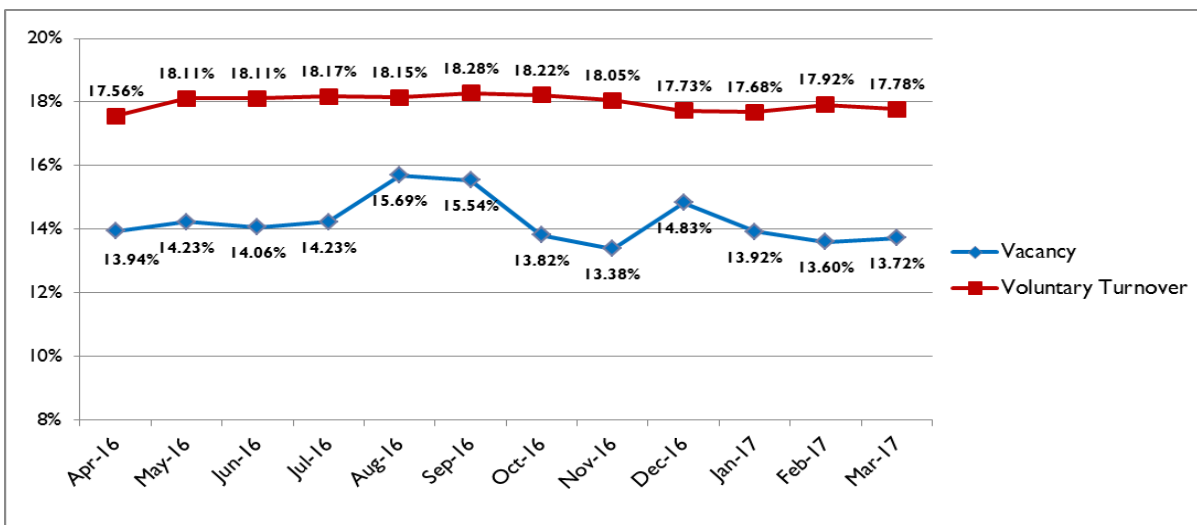
1. Expert clinical leadership at Sister /Charge Nurse and Matron level
2. Appropriate skill mix for the acuity and dependency of the patient group
3. Appropriate establishment for the size / complexity of the unit
4. Ability to recruit the numbers required to fill the establishment
5. Good retention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

Apr-17

Band	Headcount	Establishment FTE	In-Post FTE	Vacancy FTE	Vacancy %	Voluntary Turnover %	Monthly Sickness %
Band 5	1871	2201.85	1790.53	411.32	18.68%		2.72%
Band 6	1257	1316.83	1143.34	173.49	13.17%		2.89%
Band 7	681	711.98	629.63	82.35	11.57%		2.58%
Band 8 - A	197	207.67	184.83	22.84	11.00%		2.86%
Band 8 - B	30	44.38	29.28	15.10	34.02%		3.15%
Band 8 - C	23	24	23.20	0.80	3.33%		0.43%
Band 8 - D		1		1.00	100.00%		0.00%
Band 9	5	4	5.00	-1.00	-25.00%		0.00%
Other	1	1	1.00	0.00	0.00%		0.00%
Grand Total	4065	4512.71	3806.81	705.90	15.64%		2.74%



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		

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 **April**, the **actual** number of staff as a percentage of the **planned** number is recorded. The average nurse fill at DH and the PRU in April was **96%**. 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.

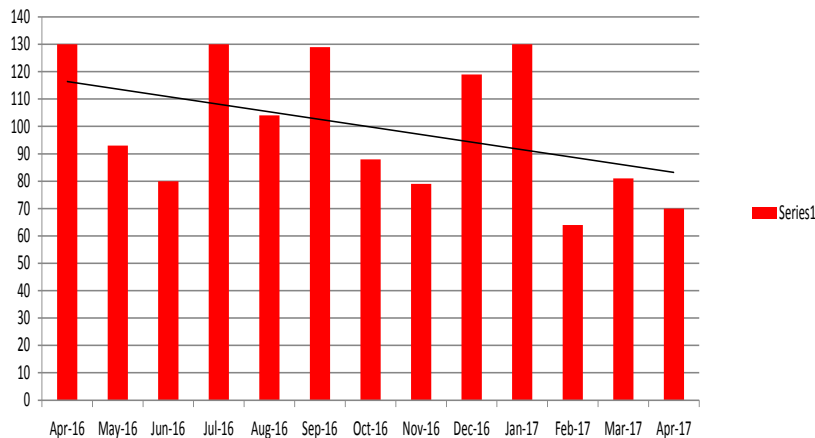
Safer Staffing Fill rate - April 2017		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	96%	139%
PRUH	96%	116%

Understaffing

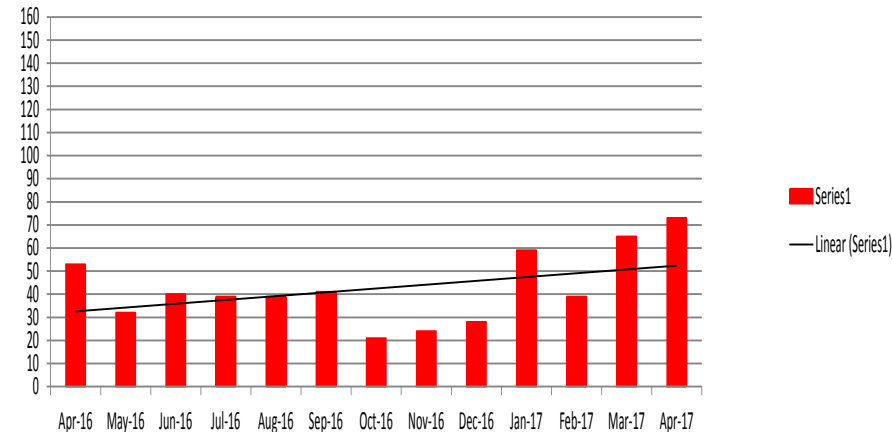
24 wards had actual staffing of below 85% over the month (Appendix 1+ 2) highlights the reasons for this and how the shift was made safe, all such instances are reported on the red shift reporting system.

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 **143 Red shifts** declared in **April 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. During June / July a detailed assessment is being undertaken of the red shift system to ensure it covers all the NICE quality areas and that the decision making and reporting are robust, an update will then be provided to the Board.

No. of Red Shifts between Apr 16 - Apr 17
Denmark Hill



No. of Red Shifts between Apr 16 - Apr 17
PRUH



Area				C2C		WTE					CHPPD			Red Shifts		Pressure Ulcers				Falls			Infections			Complaint Survey			Beds		
Division	Cost Centre	Dept	Wards	C2C	Mar-17	%Vac/abs	Total Bank & Agency	% 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 Coll	No. of Complaints	Resp rate % FFT	Recommend (%)	Beds	
PRUH and SS	2A24	Post-Acute Medicine	S1 (Darwin 1)	n/a	35.51	32%	12.94	36%	42.63		3.5	5.2	8.7	1	12	1	0	0	0	2	0	0	0	0	0	n/a	0	1	9%	50%	20
PRUH and SS	2A37	Post-Acute Medicine	S2 (Darwin 2)	2	36.51	33%	13.19	36%	41.12	100%	3.6	6.1	9.7	0	7	0	0	0	0	2	1	0	0	0	0	n/a	0	0	11%	50%	20
PRUH and SS	2A68	Post-Acute Medicine	Medical 1	3	23.69	40%	8.60	36%	no data		5.8	4.6	10.4	4	5	2	0	0	0	1	0	0	0	0	0	n/a	0	0	23%	100%	12
PRUH and SS	2A21	Post-Acute Medicine	Medical 2	2	29.82	51%	11.96	40%	no data		3.4	3.0	6.4	1	6	0	0	0	0	0	0	0	0	0	0	n/a	0	1	11%	100%	20
PRUH and SS	2A28	Post-Acute Medicine	Medical 3	1	29.82	32%	15.76	53%	44.22	99%	3.9	4.3	8.2	0	0	0	0	0	0	1	0	0	0	1	n/a	0	0	5%	100%	20	
PRUH and SS	2A23	Post-Acute Medicine	Medical 4	2	17.12	20%	11.83	69%	42.87	100%	3.6	3.8	7.4	0	0	0	0	0	0	2	0	0	0	0	0	n/a	0	1	100%	93%	20
PRUH and SS	2A26	Post-Acute Medicine	Medical 6	2	29.82	38%	14.10	47%	44.71	99%	3.7	4.2	7.9	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	20
PRUH and SS	2A27	Post-Acute Medicine	Medical 7	2	29.82	41%	10.31	35%	31.04	100%	3.4	3.2	6.6	0	10	0	0	0	0	2	0	0	0	0	0	n/a	0	1	33%	73%	20
PRUH and SS	2A74	Post-Acute Medicine	Farnborough	2	29.82	24%	33.04	111%	50.16	104%	4.3	4.6	8.9	1	8	0	0	0	0	2	0	0	0	0	0	n/a	0	0	42%	94%	25
PRUH and SS	TBA	Post-Acute Medicine	Elizabeth Ward	n/a	31.00	-5%	24.93	80%	25.36	88%	4.0	4.8	8.8	6	9	0	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	31.00	-5%	24.93	80%	29.90	94%	3.8	5.0	8.8	3	11	0	0	0	0	0	0	0	0	0	0	n/a	1	1	0%	0%	19
PRUH and SS	2A25	Post-Acute Medicine	Medical 8	3	45.61	35%	11.99	26%	56.76	98%	3.6	2.5	6.1	2	4	2	0	0	0	1	0	0	0	0	0	n/a	0	0	0%	0%	20
PRUH and SS	2A25	Post-Acute Medicine	CCU	3	45.61	35%	11.99	26%	56.76	98%	6.3	0.6	6.9	1	6	0	0	0	0	0	0	0	0	0	0	n/a	0	0	5%	100%	13
PRUH and SS	2A43	Post-Acute Medicine	Chartwell	2	24.09	42%	6.23	26%	22.37	94%	5.7	2.9	8.6	3	8	0	0	0	0	1	0	0	0	0	0	n/a	0	0	3%	100%	12
PRUH and SS	2A04	Post-Acute Medicine	Med 5 - S	2	79.29	80%	11.57	15%	44.09	99%	3.6	2.9	6.5	0	0	0	0	0	0	1	0	0	0	0	0	n/a	0	0	0%	0%	26
PRUH and SS	2A05	Post-Acute Medicine	Med 5 - H	2	79.29	80%	11.57	15%	21.69	89%	11.1	3.8	14.9	0	0	0	0	0	0	1	0	0	0	0	0	n/a	1	0	27%	100%	14
PRUH and SS	2A01	Post-Acute Medicine	ED	1	91.21	37%	40.83	45%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	n/a	0	4	9%	84%	n/a
PRUH and SS	2A35	Acute & Emergency Care	AMU 2 (Med 9)	2	105.99	47%	27.75	26%	51.65	99%	3.9	3.8	7.7	15	9	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	28
PRUH and SS	2A35	Acute & Emergency Care	AMU 1 (EAU)	2	105.99	47%	27.75	26%	49.61	98%	5.8	2.5	8.3	18	13	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	28
PRUH and SS	2A36	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 3	3	29.98	49%	9.99	33%	no data		4.5	2.8	7.3	1	12	0	0	0	3	0	0	0	0	0	0	n/a	0	1	71%	92%	20
PRUH and SS	2A82	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 4	3	24.10	36%	5.59	23%	20.68	94%	4.2	3.1	7.3	0	2	0	0	0	0	0	0	1	0	0	0	n/a	0	1	100%	92%	14
PRUH and SS	2A55	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 5	2	39.48	36%	11.66	30%	48.94	95%	4.0	2.8	6.8	3	35	0	0	0	0	2	0	1	0	0	0	n/a	1	0	70%	100%	28
PRUH and SS	2A72	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 6	3	29.22	38%	9.51	33%	37.22	98%	4.2	3.1	7.3	0	11	0	0	0	0	4	0	0	0	0	0	n/a	0	0	26%	100%	20
PRUH and SS	2A54	Surgery, Theatres, Anaesthesia & Endoscopy	Surgical 7	3	44.61	31%	8.33	19%	59.51	100%	3.7	3.3	7.0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	29
PRUH and SS	2L08	Surgery, Theatres, Anaesthesia & Endoscopy	Quebec	n/a	17.90	23%	0.62	3%	3.22	16%	7.8	3.2	11.0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	100%	100%	19
PRUH and SS	2L07	Surgery, Theatres, Anaesthesia & Endoscopy	Bodington	2	26.00	44%	1.20	5%	16.13	67%	6.7	3.1	9.8	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	89%	99%	24
PRUH and SS	2A68	Surgery, Theatres, Anaesthesia & Endoscopy	171 Day Surgery Unit	n/a	62.53	44%	3.48	6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	n/a
PRUH and SS	2B62	Surgery, Theatres, Anaesthesia & Endoscopy	171 QMS Theatre Staff	n/a	15.00	50%	0.03	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	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	27.50	50%	3.80	14%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	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	76.00	44%	13.42	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	n/a	0	0	n/a	n/a	n/a
PRUH and SS	2C12	Women's, Children's & Core Services	Children's ward	1	19.28	87%	12.03	62%	19.08	100%	8.9	0.4	9.3	0	4	0	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	21.52	44%	2.46	11%	n/a	n/a	8.4	1.9	10.3	3	14	0	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
PRUH and SS	2A73	Women's, Children's & Core Services	Surgical 8	3	25.19	43%	7.79	31%	17.14	96%	5.2	2.4	7.6	1	5	0	0	0	0	0	0	0	0	0	0	n/a	0	1	29%	96%	16
PRUH and SS	2C10	Women's, Children's & Core Services	Birthing Centre PRU	n/a	17.06	25%	2.07	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	n/a	0	0	0%	0%	6
PRUH and SS	2A95	Women's, Children's & Core Services	PRUH Labour Ward	n/a	62.56	57%	12.90	21%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	n/a	0	1	0%	0%	10
PRUH and SS	2A99	Women's, Children's & Core Services	Maternity Ward	UD	27.65	58%	7.31	26%	n/a	n/a	5.3	2.1	7.4	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	30
PRUH and SS	2F13	Women's, Children's & Core Services	ITU	3	53.70	24%	11.41	21%	n/a	n/a	27.3	2.3	29.6	10	2	0	0	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	10
Total					1258.40		378.62							73	193	5	0	0	3	22	1	2	0	1	0	3	15	0	0	613	

Conclusions

1. The CHPPD are on average across KCH at moderate levels for London general wards 5.7 – 6.8.
2. Kings has a higher percentage of red flag days recorded, however there is more work to be done to ensure the methodology used is robust this will be completed by July 2017.
3. 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 particular challenges to staffing on the medicine wards at DH.
4. An educational gap analysis was conducted across the DH medical wards and a senior nurse resource has been brought in to focus solely on providing structured educational development and support for the teams in June 2017.
5. Over the last two months the teams have been successful in recruiting all the staff to be able to open Charles Polkey ward in June. This recruitment was achieved earlier than predicted and is due to excellent partnership between the nursing and senior recruitment teams.

Recommendations for 2017

1. The proactive recruitment initiatives have been successful for Orpington and Charles Polkey every support will now be directed to the DH medical wards.
2. Kings is a fast follower pilot for the Nursing Associate (NA) role and has 21 NA who started in post in April 2017.
3. A new initiative to provide employment contracts for all undergraduate students as they complete the second of their three year degree will commence in September 2017.
4. An establishment and skill mix review has been completed and will be presented to KE and then the Board in June / July 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. The Chief Nurse at KCH is working with Professor Mark Radford (NHSi) and other CN to ensure that CHPPD can be utilised proactively and to ensure that the Kings nursing data can be updated on the model hospital Carter metrics.
7. A renewed focus on collecting the FFT data to provide more data on patient experience across KCH.
8. A new mobile application (Perfect Ward) for systematically collecting ward / unit based quality data has been introduced in May and will reduce nursing time and provide real time feedback.

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.

HCA and RN staffing levels – Lower than Planned – April 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	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	Liver + Renal	Fisk and Cheere Ward	High usage of HCA's due to unfilled RN vacancies.
Networked Care	Neurosciences	Kinnier Wilson	Additional HCAS used to special patients and to fill RN vacancies unfilled.
Networked Care	Neurosciences	Kinnier Wilson HDU	Additional HCAs used overnight to special / Staffing levels safe WM worked in numbers
UPACS	Planned Surgery and Ophthalmology	Coptcoat Ward	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not affected.
UPACS	Planned Surgery and Ophthalmology	Katherine Monk	Unable to fill RN shifts causing low fill rate. Increased HCAs on nights to cover increased acuity and specialing needs.
UPACS	Planned Surgery and Ophthalmology	Lister	Unable to fill RN shifts causing low fill rate. Increased HCAs on nights to cover increased acuity and specialing needs.
UPACS	Planned Surgery and Ophthalmology	Short Stay Surgical Unit	Staff moved around to with Coptcoat to support shifts unfilled.
UPACS	Post-Acute and Planned Medicinie + Outpatients	Annie Zunz	Some gaps in RN shift cover but staffing levels are safe.
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	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	Variety Children's Hospital	Rays Of Sunshine	vacancy, awaiting staff starting, used HCAs to fill unfilled shifts and moved staff across VCH to cover
Networked Care	Variety Children's Hospital	Thomas Cook CCCC	HCAs staffing is flexed to meet patient needs - we aim for 12:1.
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.

HCA and RN staffing levels – Lower than Planned – April 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	Acute & Emergency Care	Emergency Assessment Unit (EAU)	Vacancies unfilled - numbers included WMs/Matron to support patient care where required.
PRUH and SS	Acute & Emergency Care	Medical Ward 9	Vacancies unfilled - numbers included WMs/Matron to support patient care where required.
PRUH and SS	Post-Acute Medicine	Elizabeth (ORP)	HCA vacancies but operating at safe staffing levels for numbers of patients
PRUH and SS	Post-Acute Medicine	Hyper Acute Stroke Unit (HASU)	Additional senior staff on ward to maintain safe staffing levels
PRUH and SS	Post-Acute Medicine	Stroke Unit	Sharing staff between HASU and SU to maintain safe staffing levels
PRUH and SS	Surgery, Theatres, Anaesthesia & Endoscopy	Boddington (ORP)	HCA's reduced as and when required to reflect acuity and activity.
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.
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 &	Maternity Unit (PRU)	Support work consultation completed and recruitment in progress - patient care not affected
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