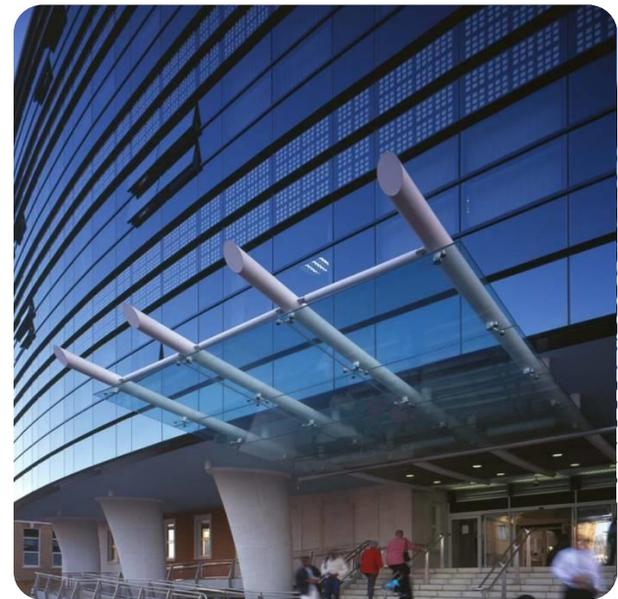


# Monthly Nurse Safer Staffing Report June & July 2017

Trust Board August 2017

Dr Shelley Dolan  
Chief Nurse /Executive Director Midwifery



KING'S HEALTH PARTNERS

## 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 May 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 , ensuring staff 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.

- ❖ Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis and is reported as part of the UNIFY data report. The Trust measure for June 2017 was 8.85, and July was 8.8 a steady increase of 0.25 hours from April 2017. There is ongoing work to use CHPPD as a decision making metric for nursing including linking to the required CHPPD on any given day based upon the Safer Staffing Care Tool acuity and dependency classifications.
- ❖ Kings has seen a reduction of red flag events recorded but there is more work to be done to ensure the methodology used is robust. This piece of work will be completed by autumn 2017. DH has seen a noteworthy decrease whilst the PRUH & South Sites has remained static. Further work to standardise reporting is being implemented so that there is a consistent standardised approach to reporting across all sites.
- ❖ In July there has been an improvement in relation to the vacancy rate (0.6% ↓) and turnover (1% ↓)

### 'Hotspot' areas for nursing/midwifery staffing in June & July 2017

Key metrics show that staffing challenges across all sites remain. The Acuity and dependency of patients remains high across the Trust with a corresponding demand for additional staff to support enhanced care needs. Additional HCAs to provide enhanced 1:1 care increased in June and July this was to maintain patient safety.

Site	Division	Ward	Mitigation
UPACS	Planned Surgery	Coptcoat Ward	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not affected. Additional HCA used for enhanced care
UPACS	Planned Surgery	Lister Ward	Additional HCA's required for enhanced care 1:1
Networked Care	Variety Children's Hospital	Rays Of Sunshine Ward	vacancy, awaiting staff starting, used HCAs to fill unfilled shifts and moved staff across VCH to cover
UPACS	Planned Surgery	Short Stay Surgical Unit	Staff moved around to with Coptcoat to support shifts unfilled.
Networked Care	Variety Children's Hospital	Toni & Guy Ward	Recruited to vacancy awaiting start dates, RN posts when not cover extra bookings for HCA's put out.
<b>Jun-17</b>			
UPACS	Planned Surgery	Coptcoat Ward	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not affected. Additional HCA used for enhanced care
UPACS	Planned Surgery	Guthrie Ward	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not affected. Additional HCA used for enhanced care
UPACS	Planned Surgery	Short Stay Surgical Unit	Staff moved around to with Coptcoat to support shifts unfilled.
Networked Care	Variety Children's Hospital	Toni & Guy Ward	Recruited to vacancy awaiting start dates, RN posts when not cover extra bookings for HCA's put out.
PRUH and SS	Post-Acute Medicine	Darwin 1 (S1)	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not affected. Additional HCA used for enhanced care

The number of staff required per shift is calculated using an evidence based tool, dependent on the acuity level 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.

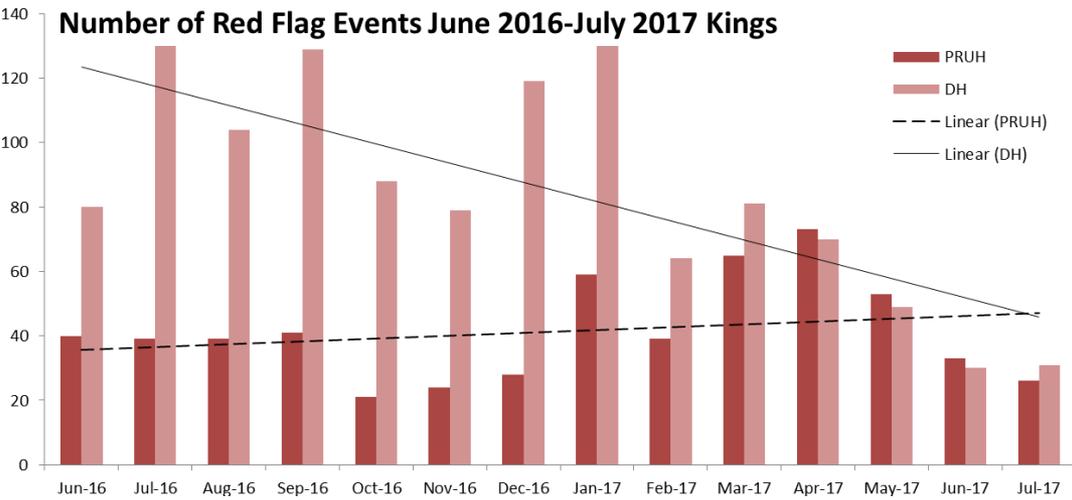
For each of the 79 clinical inpatient areas in June, the actual number of staff as a percentage of the planned number is recorded. The average nurse fill at **DH and the PRUH in July was 96.5%**. In comparison average fill rates at **Guys and St. Thomas' NHS FT was 94%, Imperial College NHS Trust was 97%** and **UCLH 95%** for the same months. The CHPPD metric that is reported is an aggregated position and as outlined in previous reports is not sensitive enough from which to draw any conclusions.

The table below represents the high level summary of the planned and actual ward staffing levels reported for **July 2017** the arrows show the trend from previous months.

Site	Day & Night		Care Hours Per Patient Day (CHPPD)		
	Average fill rate- RN/Midwives (%)	Average fill rate - Care staff (%)	Reg. midwives/nurses	Care Staff	Total CHPPD
DH	96% ↓	147% ↑	4.9 ↑	4.0 ↑	8.8 ↔
PRUH & South Sites	97% ↓	133% ↑	5.7 ↑	3.1 ↔	8.8 ↔

Five wards in both June and July had actual staffing levels below 85% over the month (compared to 9 wards in April). The remaining wards met the safer staffing requirements, a downward trend which shows an improving picture. This month the executive nursing team have reviewed and de-escalated a number of red flags. Further work is taking place to standardise reporting of red flag events and will be completed by the end of August.

Whilst it can be seen that it wasn't possible to achieve the planned staffing levels in some clinical areas with our planned level of registered nurses due to vacancies, staffing levels were maintained above the minimum safety level. This is achieved by using bank staff and where necessary agency staff by review of nurse staffing on a daily basis across the Trust.

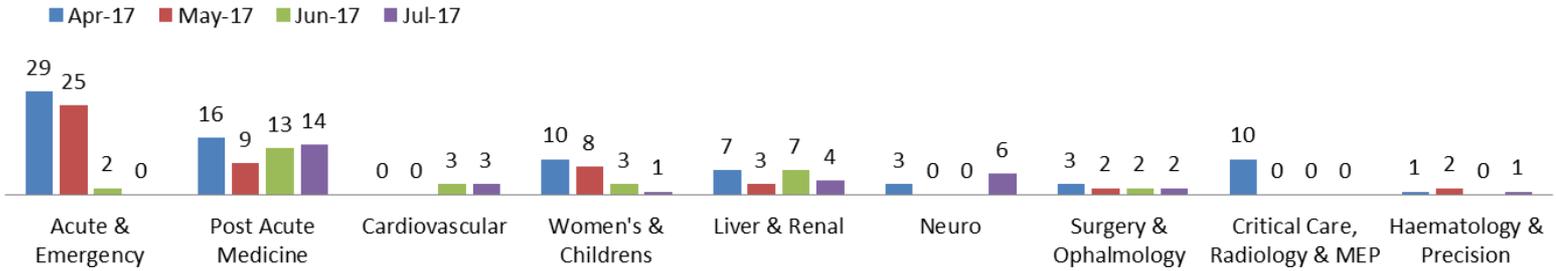


A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when there is a requirement for a higher staffing level (NICE 2015) due to patient acuity. It is therefore essential that innovative recruitment, retention and clinical leadership strategies are in place to reduce the current variation across the Trust. The acuity data is the closest indicator available to identify the needs of the patients at any point in time.

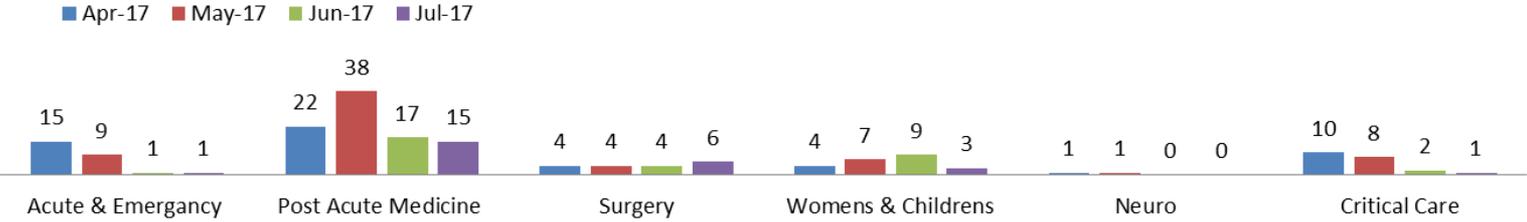
**In total there were 54 Trust Wide Red shifts declared in June 2017, a reduction from the previous month (↓63).**

This is likely to be due to improvements in the accuracy of reporting. The Red shifts were resolved within the Divisions without there being an impact upon patient care or patient safety. The charts below show a breakdown per care group.

### DH Red Flag Events April, May, June & July 2017



### PRUH & South Sites Red Flag Events April, May, June & July 2017



- ❖ The overall nursing vacancy rate for July 2017 was 13.37%, which is slowly decreasing over the last quarter. This contributed to a 47.89 WTE increase in the number of staff in post compared to April 2017
- ❖ The issues with recruitment are:
  - ❖ Difficulty in attracting candidates to ED roles even with incentives being offered
  - ❖ Medicine & Neuro vacancies have risen significantly and are now seen as the highest priority for the coming weeks. Utilisation of a number of agencies to supplement ongoing recruitment is being sought
- ❖ There is a Trust-wide open day on 7th September
- ❖ We are currently in Philippines recruiting
- ❖ Hotspot areas for recruitment focus are:
  - ❖ Neuro
  - ❖ Medicine PRUH & DH
  - ❖ ED PRUH & DH
  - ❖ Neonates

#### N&M and Support Staff (Qualified and Unqualified Staff)

Description	Apr-17	May-17	Jun-17	Jul-17	Trend
Appraisal Rate	52.44%	48.85%	*TBC	*TBC	↓
Leavers (Headcount)	86	43	58	62	↑
Starters (headcount)	66	107	77	97	↑
Sickness Rate	3.18%	3.46%	3.31%	3.25%	↓
Long-Term Sickness	1.84%	1.85%	1.75%	1.68%	↓
Short-Term Sickness	1.34%	1.61%	1.55%	1.57%	↔
Vacancy Rate	14.80%	13.76%	13.98%	13.37%	↓
Stability Index	82.73%	83.33%	83.76%	83.65%	↑
Voluntary Turnover Rate	17.66%	16.61%	16.40%	16.05%	↓

\* We are currently working on appraisal figures for June & July 2017 as we migrate to a new system.

- ❖ Continue to review the impact of staffing on quality. The Chief Nurses Office is closely reviewing any correlation between clinical incidents and the number of red flags being raised. There is also work underway to link the Quality and Workforce Scorecards to enable review of the data more seamlessly.
- ❖ A new initiative to provide employment contracts for all undergraduate students as they complete the second of their three year degrees has commenced.
- ❖ An establishment and skill mix review has been completed for Adult Inpatient areas, including Critical Care, Paediatrics will be completed by August 2017. Maternity will be a separate report but the review will commence in August /September 2017.
- ❖ 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.
- ❖ The Chief Nurse at KCH is working with Professor Mark Radford (NHSi) and other Chief Nurses 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.
- ❖ A new module of E roster called "Safecare" is to be implemented, benefits will be better reporting of red flag events, real-time data of acuity and responsive deployment of staff, one system to capture key metrics rather than multiple entry points.
- ❖ The Trust is part of an NHSi retention pilot which will report to board in the next three months.

**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 and innovation to support workforce utilisation and reporting.**