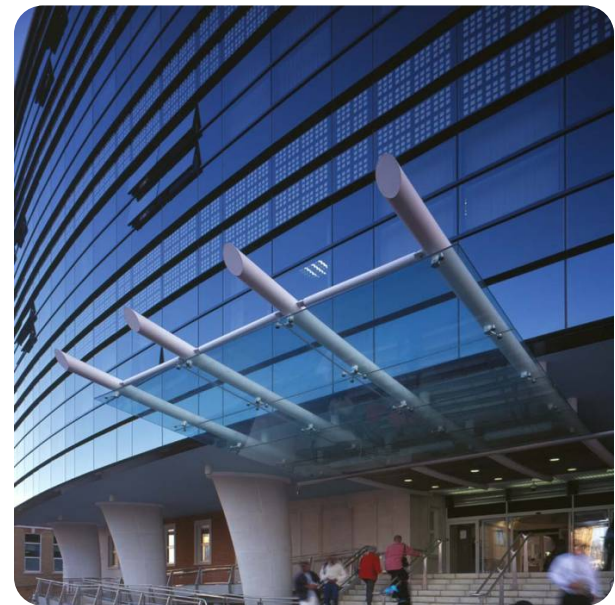# Monthly Nurse Safer Staffing Report August 2017

Trust Board September 2017

Dr Shelley Dolan

Chief Nurse /Executive Director Midwifery

KING'S HEALTH PARTNERS

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Monthly Nursing Report

King's College Hospital NHS

NHS Foundation Trust

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 August 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 are benchmarked with other London and Shelford Trusts when the data is available through the Model Hospital (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 August 2017 was 9.4, an increase of 0.6 hours from July 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.

CHPPD- Taken from the Model Hospital	Hours
King's	**9.4**
GSTT	10.8
Imperial	10.4
UCLH	10.6
Shelford Group Average	**9.0**

❖ 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. DH has seen a decrease whilst the PRUH & South Sites have remained static. Further work to standardise reporting is being implemented so that there is a consistent approach to reporting.

❖ In August there has been an improvement in relation to the vacancy rate (0.10% ↓) and turnover (0.34%↓)

'Hotspot' areas for nursing/midwifery staffing in August 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 particularly concerning mental health issues increased in August this was to maintain patient and staff safety.

Site	Divion	Ward	Mitigation
DH-UPAC	Variety Children's Hospital	Paediatric Short Stay Unit	Ward operating at safe staffing levels within the planned number.
DH-UPAC	Variety Children's Hospital	Toni & Guy Ward	Unable to fill RN shifts causing low fill rate. Increased HCAs on nights to cover increased acuity and specialing needs.

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 August, the actual number of staff as a percentage of the planned number is recorded. The average nurse fill at **DH and the PRUH in August was 96.25%.** In comparison average fill rates at **Guys and St. Thomas' NHS FT was 95%, Imperial College NHS Trust was 95.7%** and **UCLH 95%** for the same months. The CHPPD metric that is reported is an aggregated position.

The table below represents the high level summary of the planned and actual ward staffing levels reported for **August 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	97.5% ⇧	150% ⇧	6.8 ⇧	3.3 ⇔	10.0 ⇧
PRUH & South Sites	95% ⇩	113% ⇩	5.1 ⇧	3.7 ⇔	8.8 ⇔

Two wards in August had actual staffing levels below 85% over the month (compared to nine wards in April and five in June and July). 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.

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.

**Number of Red Flag Events June 2016 - August 2017 Kings**
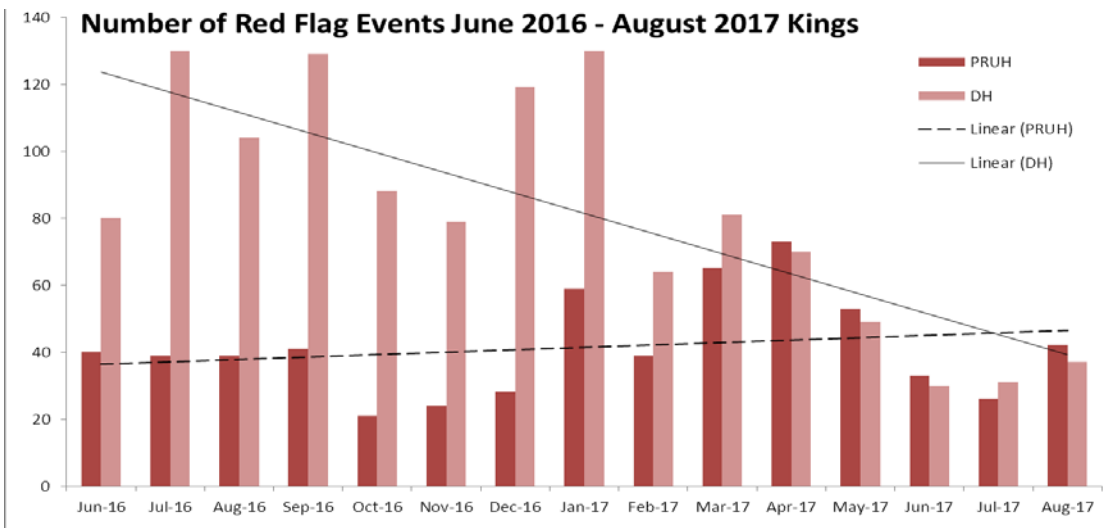
A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when there is a requirement for a higher staffing level (NICE 2015) due to patient acuity. It is therefore essential that innovative recruitment, retention and clinical leadership strategies are in place to reduce the 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 79 Trust Wide Red shifts declared in August 2017, an increase from the previous month (↑59).

DH Red Flag Events April - August 2017
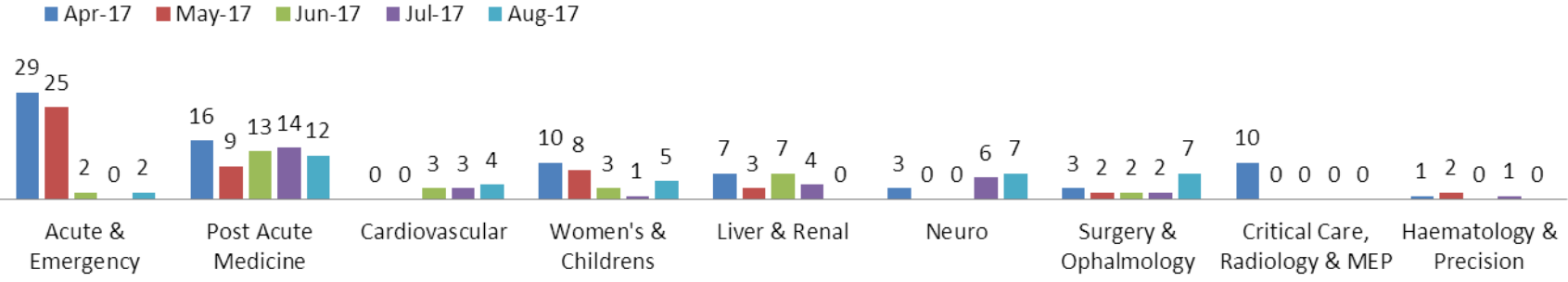
PRUH & South Sites Red Flag Events April - August 2017

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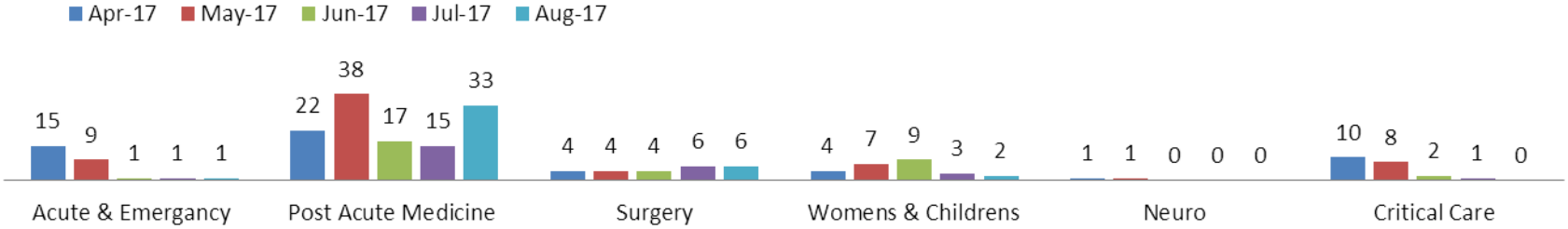
❖ The overall nursing vacancy rate for Aug 2017 was 13.27%, which is a decrease over the last quarter.

❖ A successful Open Day on 7th September at DH led to 20 job offers to "hard to recruit" clinical areas (15 for Medicine, 2 for Surgery, 2 for Paeds and 1 for Neuro)

❖ The Recent Dubai recruitment trip (43 successful candidates with 15 for Neuro)

❖ A Drop in session for HCAs was organised by the recruitment team at the PRUH on 14th September to push for early start dates (44 HCAs attended and provisional start dates have been arranged between now and early November 2017)

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

Description	May-17	Jun-17	Jul-17	Aug-17	Trend
Appraisal Rate	48.85%	*unavailable	*unavailable	57.27 %	⬆
Leavers (Headcount)	43	58	62	78	⬆
Starters (headcount)	107	77	97	79	⬇
Sickness Rate	3.46%	3.31%	3.25%	3.56%	⬆
Long-Term Sickness	1.85%	1.75%	1.68%	1.93%	⬆
Short-Term Sickness	1.61%	1.55%	1.57%	1.63%	⬆
Vacancy Rate	13.76%	13.98%	13.37%	13.27%	⬇
Stability Index	83.33%	83.76%	83.65%	84.07%	⬆
Voluntary Turnover Rate	16.61%	16.40%	16.05%	15.71%	⬇

* the Appraisal rate was unavailable as we migrated to a new system

- Continue to review the impact of staffing within the clinical areas and quality metrics. 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.

- 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 and Paediatrics. Maternity will be a separate report with the review commencing in October 2017.

- A new module of E roster called "Safecare" is to be implemented. The 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. NHSI came on a site visit to DH on 20th September. They reviewed the current retention plan and visited some clinical areas. Key highlights from the feedback received were: refine the retention plan to be aligned with the London wide retention target, good illustration of workforce flow within the plan, the Trust demonstrated effective understanding of key retention challenges, impressed by the passion, drive and engagement demonstrated by frontline staff.

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.