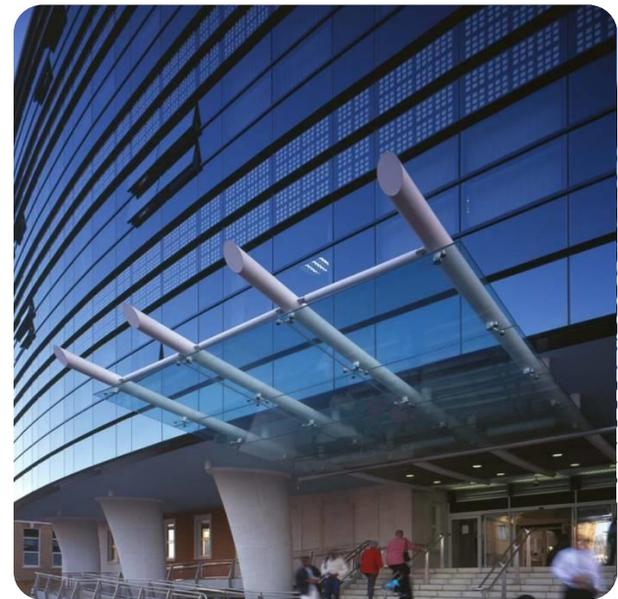


# Monthly Nurse Safer Staffing Report September 2017

Trust Board November 2017

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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 September 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.

- In September there has been an improvement in relation to the vacancy rate ( 0.72% ↓) and turnover (0.18%↓)

### 'Hotspot' areas for nursing/midwifery staffing in September 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 September this was to maintain patient safety.

Site	Division	Ward	Mitigation
DH-UPAC	Variety Children's Hospital	Rays of Sunshine	Unable to fill RN shifts causing low fill rate. Increased HCAs on nights to cover increased acuity and specialing needs.
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
PRUH	Post- Acute	Medical 4	Unable to fill RN shifts causing low fill rate. Increased HCA's and Matrons cover during day
PRUH	Post-Acute	Darwin 1	Unable to fill RN shifts causing low fill rate. Increased HCA's and Matrons cover during day

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 September, the actual number of staff as a percentage of the planned number is recorded. The average nurse fill at **DH and the PRUH in September 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 **September 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
<b>DH</b>	91.99%↓	160%↑	5.5↓	3.2↔	8.5↓
<b>PRUH &amp; South Sites</b>	96%↑	106%↓	4.8↓	3.6↔	8.4↔

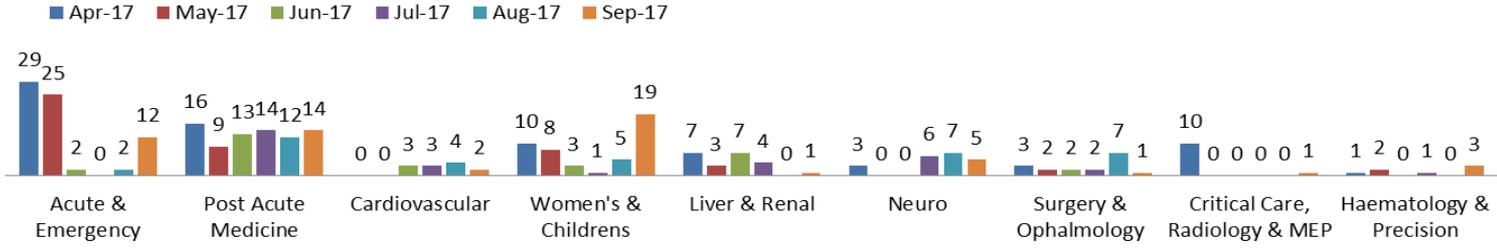
Four wards in September had actual staffing levels below 85% over the month (compared to two wards in August). The remaining wards met the safer staffing requirements. This month the executive nursing team have reviewed and de-escalated a number of red flags.

Whilst it can be seen that it wasn't possible to achieve the planned staffing levels in some clinical areas the 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.

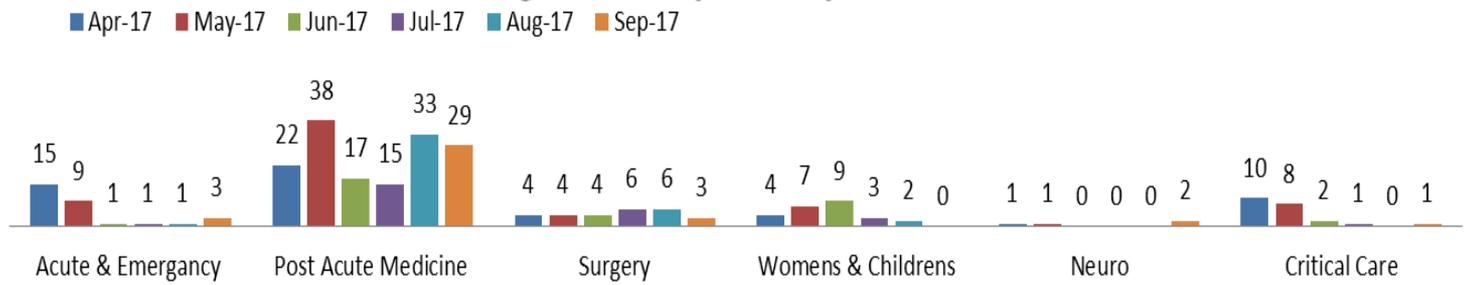
A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when there is a requirement for a higher staffing level (NICE 2015) due to patient acuity. It is therefore essential that innovative recruitment, retention and clinical leadership strategies are in place to reduce the 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 96 Trust Wide Red shifts declared in September 2017, an increase from the previous month (↑76).**

### DH Red Flag Events April - Sept 2017



### PRUH & South Sites Red Flag Events April - Sept 2017



- The overall nursing vacancy rate for Sept 2017 was 12.55%, which is a decrease over the last quarter.
- Recruitment continues proactively with international and national campaigns. In November the Kings team are attending three job fairs in Australia and in the Philippines in the first week of December. Dedicated short recruitment films have been prepared in times for these events covering neurosciences, medical wards and the Emergency Departments at PRUH and DH.
- As the national nursing gap becomes clearer – retention strategies are of the utmost importance. The two new areas that need to be developed are increased flexible working initiatives – this will require a cultural change at the frontline and an increase in the nursing headroom. A detailed paper on both of these areas will be submitted for the December 2017 Board.

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

Description	Jun-17	Jul-17	Aug-17	Sep-17	Trend
Appraisal Rate	*Unavailable	*Unavailable	57.27%	66.50 %	↑
Leavers (Headcount)	58	62	78	98	↑
Starters (headcount)	77	97	79	166	↑
Sickness Rate	3.31	3.25	3.56	3.57%	↔
Long-Term Sickness	1.75	1.68	1.93	1.83%	↓
Short-Term Sickness	1.55	1.57	1.63	1.74%	↑
Vacancy Rate	13.98	13.37	13.27	12.55%	↓
Stability Index	83.76	83.65	84.07	84.32%	↑
Voluntary Turnover Rate	16.4	16.05	15.71	15.53%	↓

\* 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. However 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.
- ❖ An establishment and skill mix review has been completed for Adult Inpatient areas, including Critical Care and Paediatrics has now been completed (September 2017). The Maternity review will commence in October 2017 and form a separate report. The Chief Nurse is working with Professor Mark Radford (NHSi) and other Chief Nurses to incorporate any national / international learning into Kings retention strategy.
- ❖ The Trust is part of an NHSI retention pilot. NHSI had a site visit at DH on 20<sup>th</sup> 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 and 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.**