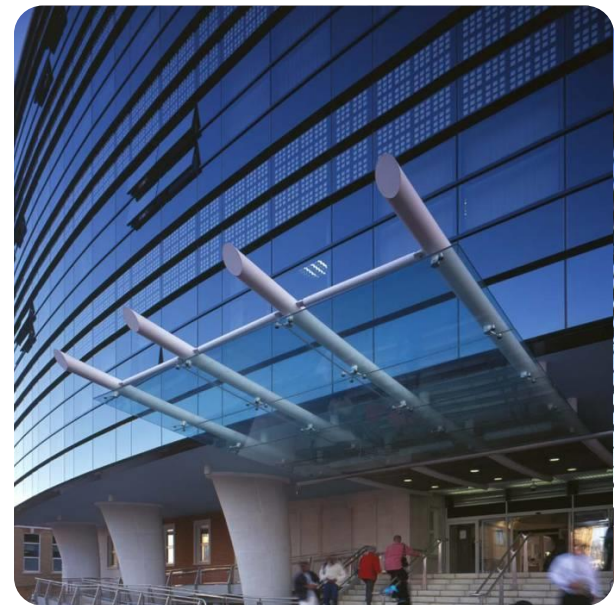


Monthly Nurse Safer Staffing Report October 2017

Trust Board November 2017

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Chief Nurse /Chief Operating Officer



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 October 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.

- ❖ Kings has seen a reduction of red flag events recorded DH has seen a decrease whilst the PRUH & South Sites have remained static.
- ❖ In October there has been an improvement in relation to the vacancy rate (2.44% ↓) and turnover (0.39%↓)

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

Site	Division	Ward	Mitigation
DH-UPAC	Post-Acute and Planned Medicine + Outpatients	Byron Ward	Unable to fill RN shifts causing low fill rate. Increased HCAs on nights to cover increased acuity and specialing needs.
DH-UPAC	Planned Surgery and Ophthalmology	Coptcoat Ward	Unable to fill RN shifts causing low fill rate. Increased HCAs on nights to cover increased acuity and specialing needs.
DH-UPAC	Planned Surgery and Ophthalmology	Guthrie Ward	Unable to fill RN shifts causing low fill rate.
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.

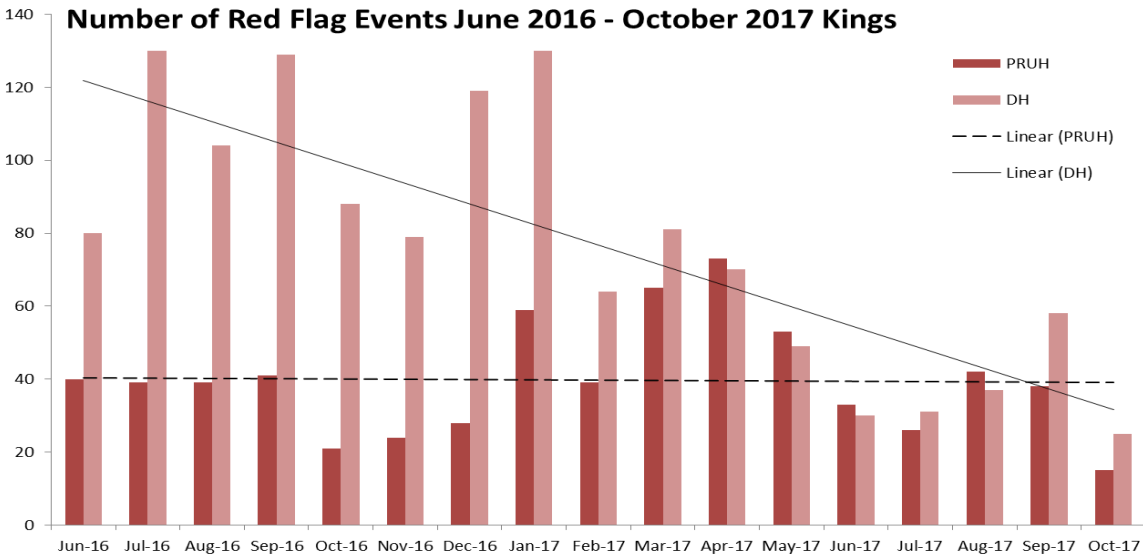
For each of the 79 clinical inpatient areas in October, the actual number of staff as a percentage of the planned number is recorded. The average nurse fill at **DH and the PRUH in October was 96%**. In comparison average fill rates at **Guys and St. Thomas' NHS FT was 96%, Imperial College NHS Trust was 98% and UCLH 93%**. 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 **October 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% ↑	136% ↑	5.6 ↓	3.1 ↔	8.7 ↑
PRUH & South Sites	96% ↑	129% ↓	4.9 ↑	3.7 ↔	8.7 ↑

Four wards in October had actual staffing levels below 85% over the month. The remaining wards met the safer staffing requirements.

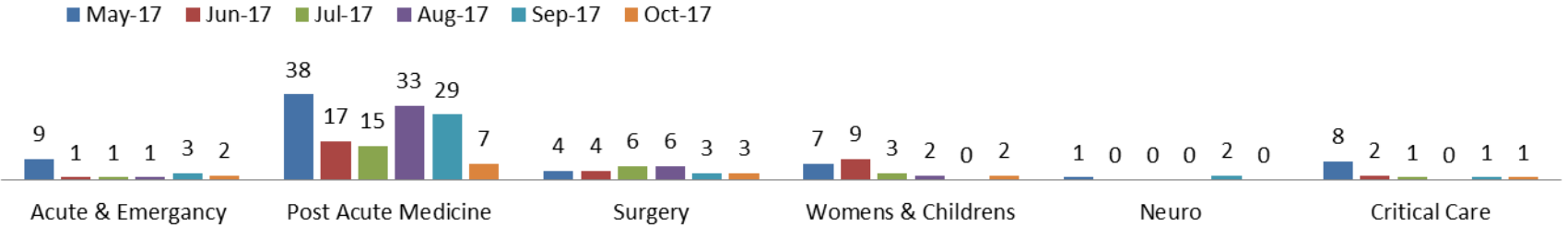
Whilst it can be seen that it wasn't possible to achieve the planned staffing levels in some clinical areas due to vacancies, staffing levels were maintained above the minimum safety level. This was achieved by using bank staff and where necessary agency staff by review of nurse staffing on a daily basis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



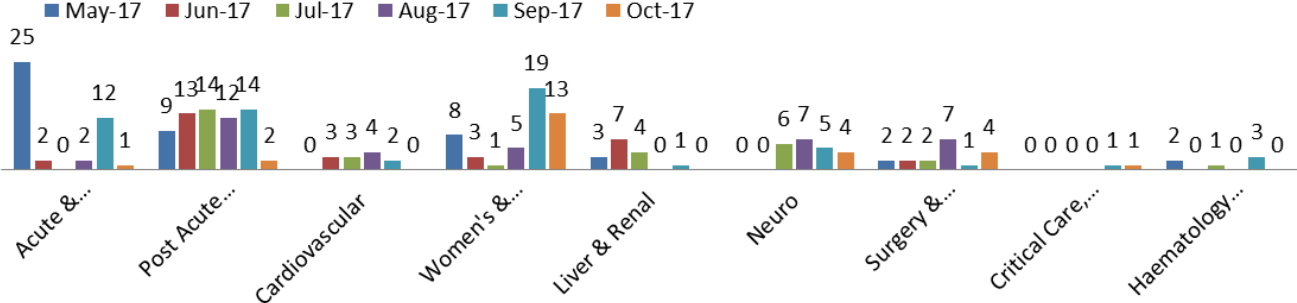
A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when there is a requirement for a higher staffing level (NICE 2015) due to patient acuity. It is therefore essential that innovative recruitment, retention and clinical leadership strategies are in place to reduce the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

In total there were 40 Trust Wide Red shifts declared in October 2017, a marked decrease from the previous month (n=96).

PRUH & South Sites Red Flag Events May-Oct 2017



DH Red Flag Events May-Oct 2017



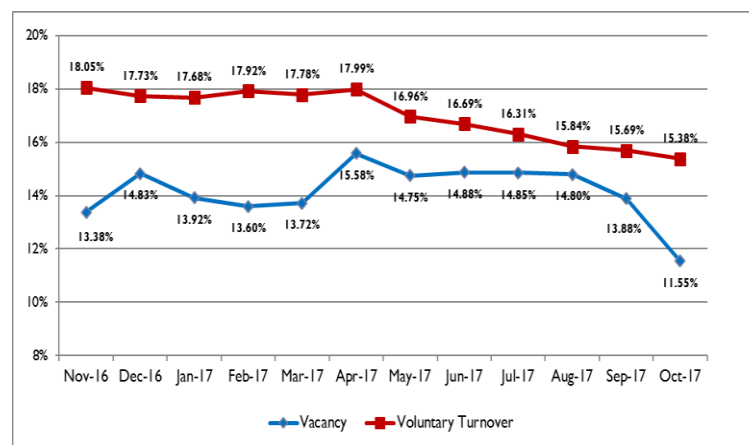
- The overall nursing vacancy rate for October 2017 was 10.11%, which is a decrease over the last quarter.
- The retention figures have continued to improve as shown below.
- Five KCH nurses and the recruitment team have been out in Australia and offered jobs to 58 nurses in November.
- An international campaign in the Philippines starts in the first week of December teams from neurosciences, medicine and surgery are participating

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

Description	Jul-17	Aug-17	Sep-17	Oct-17	Trend
Appraisal Rate	*Unavailable	57.27%	60.50%	56.21%	↓
Leavers (Headcount)	62	78	98	66	↓
Starters (headcount)	97	79	166	195	↑
Sickness Rate	3.25%	3.56%	3.57%	3.73%	↑
Long-Term Sickness	1.68%	1.93%	1.83%	1.88%	↑
Short-Term Sickness	1.57%	1.63%	1.74%	1.85%	↑
Vacancy Rate	13.37%	13.27%	12.55%	10.11%	↓
Stability Index	83.65%	84.07%	84.32%	84.45%	↑
Voluntary Turnover Rate	16.05%	15.71%	15.53%	15.14%	↓

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

Monthly Vacancy and Turnover
Nursing and Midwifery- Registered



- There is a project 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, Paediatrics has been completed (September 2017). Maternity will be a separate report but the review has commenced in October 2017.
- A staffing paper reviewing the headroom or uplift in nursing budgets has been completed and will be presented to the Board in December 2017.
- Roster review meetings have been reviewed and strengthened to ensure robust action is taken to reduce agency and bank spend.-
- The Trust is part of an NHSI retention pilot. NHSI had a site visit at 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 and drive and engagement demonstrated by frontline staff.
- The key new recruitment and retention initiative which commences in December 2017 is to promote flexible working and attract nurses who are only able to work specific shifts for example term time only, holiday time only, weekends only. This initiative is in recognition of the decreasing pool of nurses available and the need to remain and enhance Kings as an attractive employer.

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, retention and innovation to support workforce utilisation and reporting.