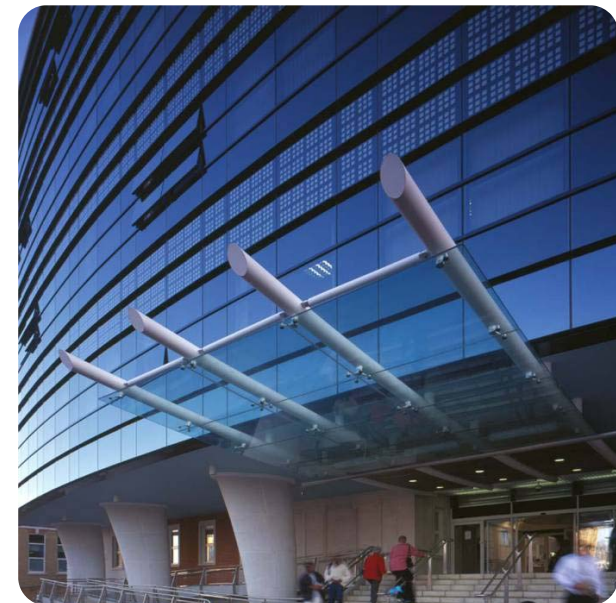


Monthly Nurse Safer Staffing Report December /January 2018

Trust Board February 2018

Dr Shelley Dolan
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 December / January 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 December there was a further reduction in red flag events recorded but January saw a higher number as the short term sickness has been higher. 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 January there were 119 red shifts in total with **75** at Denmark Hill and **44** at the Princess Royal University Hospital. The aggregate nursing and midwifery vacancy rate has continued to fall but there are still "hotspot" wards / units with higher vacancy rates.

'Hotspot' areas for nursing/midwifery staffing in December / January 2018

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.

The nursing hotspot areas are:

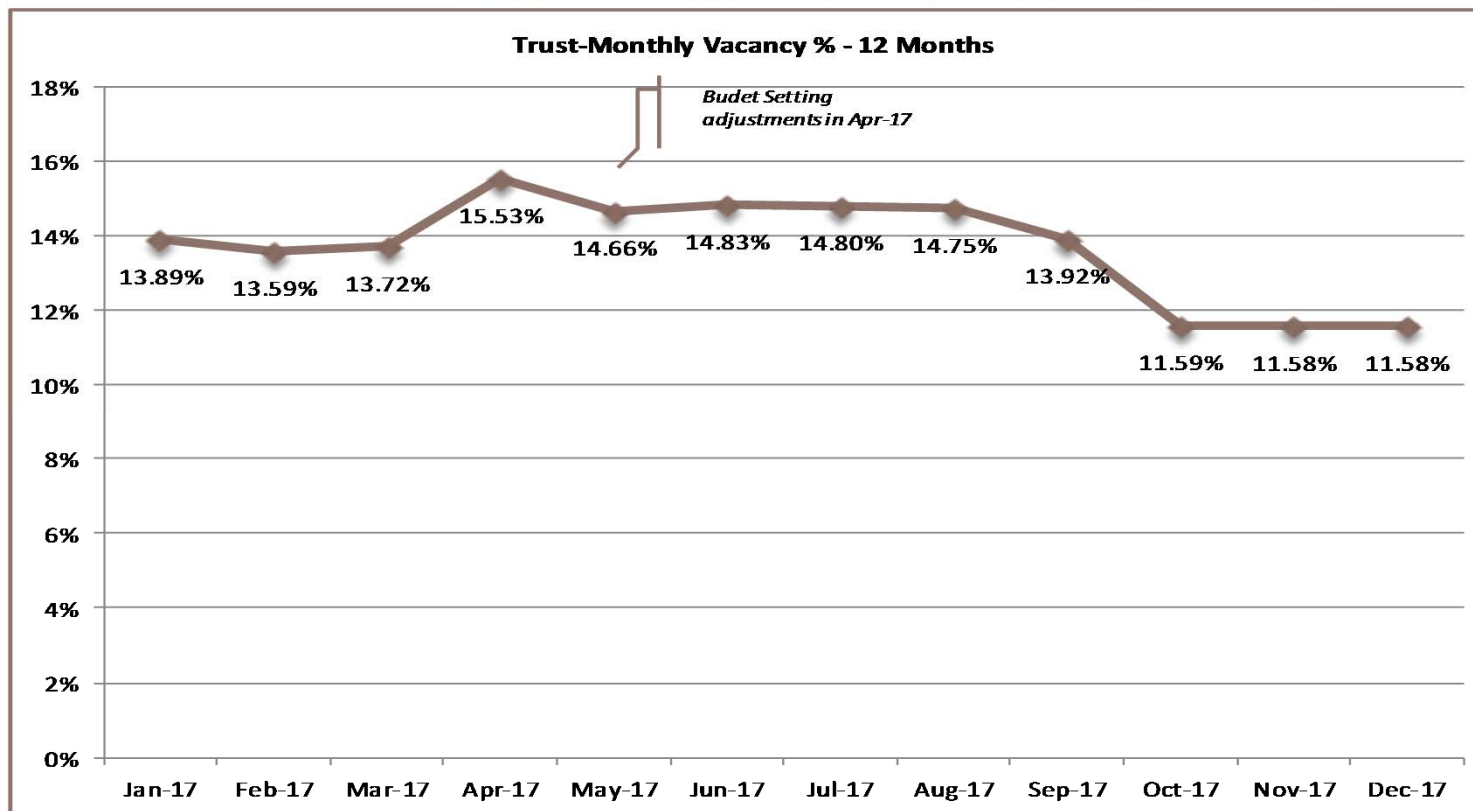
DH: Medicine, Neonatal Intensive Care Unit, Neurosciences, Theatres and Emergency Department

PRUH: AMU, Medicine, Surgery and Emergency Department.

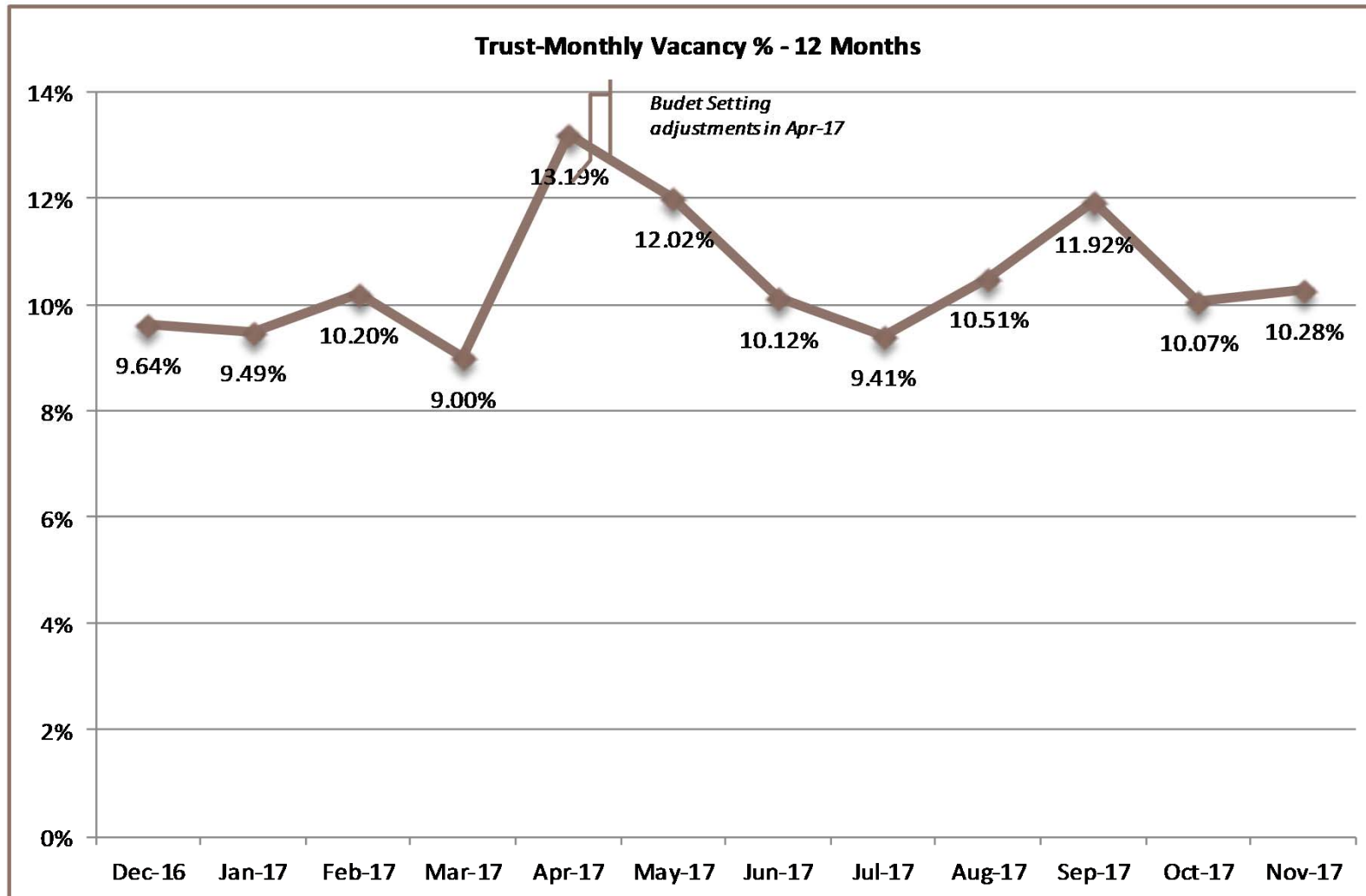
There are differences in the needs across these areas with ED at DH needing senior staff and medicine needing band 6 staff nurses.

- The below is the annual vacancy trend across Nursing and Midwifery, which shows a reduction against both our calendar year and financial year position to date

Please ensure you remove month filters in order to see 12 months trendline



Please ensure you remove month filters in order to see 12 months trendline



Networked Care Vacancy data November 2017 and December 2017 data

Current Month: Dec 17

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Networked Care Operational Team	0.00	0.00%	
Networked Care Operational Team	0.00	0.00%	
Sub Division A	24.04	2.30%	16.44%
Cardiovascular Sciences	14.08	6.49%	15.53%
Critical Care, Radiology and MEP	-22.01	0.00%	19.33%
Sub Div A Operational Team	-3.00	0.00%	
Variety Children's Hospital	34.97	9.15%	13.48%
Sub Division B	77.15	8.01%	12.99%
Cancer	3.20	19.05%	7.89%
Haematology and Precision Medicine	10.39	5.83%	9.65%
Liver and Renal	5.27	1.38%	11.63%
Neurosciences	62.29	16.08%	16.85%
Sub Div B Operational Team	-4.00	0	
Networked Grand Total	101.19	5.03%	14.86%

Previous Month: Nov 17

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Networked Care Operational Team	0.00	0.00%	
Networked Care Operational Team	0.00	0.00%	
Sub Division A	16.29	1.55%	16.75%
Cardiovascular Sciences	11.47	5.28%	14.16%
Critical Care, Radiology and MEP	-26.23	0.00%	21.31%
Sub Div A Operational Team	-3.00	0.00%	
Variety Children's Hospital	34.05	8.86%	12.69%
Sub Division B	76.06	7.90%	12.29%
Cancer	3.60	21.43%	7.45%
Haematology and Precision Medicine	9.99	5.63%	10.85%
Liver and Renal	4.27	1.12%	10.12%
Neurosciences	62.20	16.01%	16.04%
Sub Div B Operational Team	-4.00	0	
Networked Grand Total	92.35	4.59%	14.70%

Current Month: Dec 17

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Planned Care	77.62	7.66%	13.44%
Dental	-0.60	0.00%	
Planned Care Operational Team	3.40	37.78%	
Planned surgery and Ophthalmology	0.82	0.36%	17.66%
Post-Acute and Planned - Planned Care	-4.43	0.00%	12.14%
Theatres and Anaesthetics	62.26	16.87%	14.80%
Women's Health	16.18	4.52%	10.47%
Urgent and planned care operational team	0.00	0.00%	
Urgent and planned care operational team	0.00	0.00%	
Urgent Care	105.35	13.51%	17.81%
Acute and Emergency	58.15	14.51%	17.78%
Pharmacy			
Post-Acute, Planned Medicine & Outpatients	46.07	13.09%	17.22%
Therapies	1.13	45.07%	92.31%
Urgent Care Operational Team	0.00	0.01%	15.95%
UPACS Grand Total	182.97	10.20%	15.23%

Previous Month: Nov 17

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Planned Care	80.27	7.92%	13.96%
Dental	-0.60	0.00%	
Planned Care Operational Team	3.40	37.78%	
Planned surgery and Ophthalmology	2.83	1.25%	18.58%
Post-Acute and Planned - Planned Care	-2.43	0.00%	12.41%
Theatres and Anaesthetics	65.62	17.78%	15.82%
Women's Health	11.46	3.20%	10.47%
Urgent and planned care operational team	0.00	0.00%	
Urgent and planned care operational team	0.00	0.00%	
Urgent Care	96.33	12.37%	18.15%
Acute and Emergency	52.30	13.05%	18.03%
Pharmacy			
Post-Acute, Planned Medicine & Outpatients	43.90	12.51%	17.41%
Therapies	1.13	45.07%	90.00%
Urgent Care Operational Team	-1.00	0.00%	19.17%
UPACS Grand Total	176.61	9.85%	15.68%

Current Month: Dec 17

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Acute and Emergency Care	39.91	18.14%	19.96%
Post-Acute Medicine	102.02	15.75%	13.81%
PRUH Operational Team	2.07	5.38%	5.18%
Surgery, theatres, Anaesthetics and Endoscopy	69.82	13.97%	12.51%
Women's & Children's and core services	14.78	3.81%	14.44%
PRUH Grand Total	228.60	12.74%	14.13%

Previous Month: Nov 17

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Acute and Emergency Care	34.43	15.65%	16.84%
Post-Acute Medicine	95.16	14.68%	12.69%
PRUH Operational Team	1.99	5.17%	5.21%
Surgery, theatres, Anaesthetics and Endoscopy	69.02	13.81%	12.27%
Women's & Children's and core services	14.67	3.79%	15.52%
PRUH Grand Total	215.27	12.00%	13.59%

- Attended:
 - Host Trust Students Events January 2018 (DH 60 attended - PRUH 7 attended) all of have been offered band 5 jobs due to start when qualify (Sep 2018)

- Booked to attend (nb: currently exploring events/ career fair for PRUH)
 - University of West London on 31st January 2018
 - King's College London on 23rd March 2018
 - 6 Nursing Times Events over the year in London (X2), Leeds, Manchester, Birmingham and Bristol.

- International trips scheduled and booked:
 - India - 29th January 2018 (currently running with 31 offers made so far)
 - Philippines - 16th February 2018
 - Dubai - 15th March 2018
 - Ireland to be confirmed for 2018/19 (pencilled in three campaigns)
 - Australia - 9th - 16th June 2018

- Of the initial set of offers made (58), 40 were confirmed by candidates with two already in the UK and having already visited King's. One started in January 2018, with eight more aiming for start dates February-March.
- The remaining 15 are unresponsive to communications but have not officially withdrawn and are being followed up.
- Current offers accepted: Brisbane - 16 out of 22; Melbourne 11 out of 14; Sydney 14 out of 22.
- Current targeted start dates:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	TBC
1	3	5	2	2	2	5	0	1	1	2	17

Ongoing .

- Group and Individual Skype sessions have been arranged to keep in touch with the candidates and address any queries or concerns.
- British nationals will be prioritised for a quicker turn around and arrival in the UK; One is starting on 15th Jan and another end of February.
- Skype interviews for additional candidates are being arranged to coincide with Nursing Recruitment event on the 22nd February

- The Trust is returning to Australia in June 2018, with job fairs booked for Melbourne (9th June), Sydney (13th June), and Brisbane (16th June) through HealthSectorJobs again..
- Contact will be made with the existing successful applicants and the database of registered applicants from November 2017 to advise of our return, and support higher attendance for King's.
 - We will be encouraging friends to be invited to attend the events
- Although other Trusts have yet to confirm for attendance, it is anticipated that a number of London Trusts will also sign up this time. Guy's and St Thomas are reportedly keen to attend.
 - Lessons learned from the previous trip will therefore be key
 - We will liaise with other London Trusts ahead of the trip to ensure our offer matches theirs or if possible surpasses them.

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 December / January, the actual number of staff as a percentage of the planned number is recorded. The average nurse fill at **DH and the PRUH 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 **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 December and six in January 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.

- 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 . Maternity will be a separate report but the review commenced in October 2017.
- A staffing paper reviewing the headroom or uplift in nursing budgets has been completed and was presented to the Board in December 2017. The Board will need to decide as part of its planning for 18/19 what percentage the Trust can afford to implement of the nursing headroom, it would be recommended that the ED headroom be implemented first.
- Roster review meetings have been reviewed and strengthened to ensure robust action is taken to reduce agency and bank spend. The Chief Nurse and NHSi have been liaising around projects to reduce further and to improve adherence to good e-rostering.-
- The Trust is part of an NHSi retention pilot. NHSi had a site visit at DH on 20th September and Dec 2017. 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.