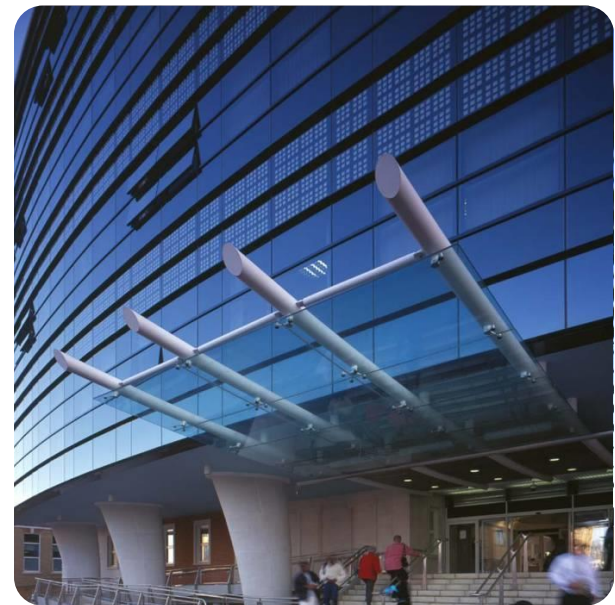


Monthly Nurse Safer Staffing Report February / March 2018

Trust Board April 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 February / March 2018 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.

Red Shifts

A red shift occurs when there is a shortfall in the expected numbers of staff to manage the acuity and dependency of the patients of a ward / department. There is a daily trust wide red shift alert issued to senior nursing staff; this highlights the location of wards and departments with red shifts which in turn enables senior nursing staff to support these wards.

In February 2018 there were a total of 153 red shifts across both sites, this increased further in March 2018 to a total of 166 trust wide. 126 were recorded at the Denmark Hill Site and 40 at the Princess Royal University Hospital (PRUH), this breakdown demonstrates an increase in red shifts on the Denmark Hill site and a reduction on the PRUH site. The trend of red shifts will continue to be monitored on a monthly basis.

Key metrics demonstrate that staffing challenges remain across all sites. The acuity and dependency of patients remains high with a corresponding demand for additional staff to support enhanced care needs.

‘Hotspot’ areas for nursing/midwifery staffing in February / March 2018

The aggregate nursing and midwifery vacancy rate has continued to fall, however a number of “hotspot” wards / units with higher vacancy rates remain.

The nursing hotspot areas are outlined below, these areas remain largely the same to previous months despite various campaigns to address the vacancies.

DH: Medicine, Neurosciences, Theatres and Emergency Department

PRUH: Acute and Emergency Care (Band6), Medicine, Theatres.

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.

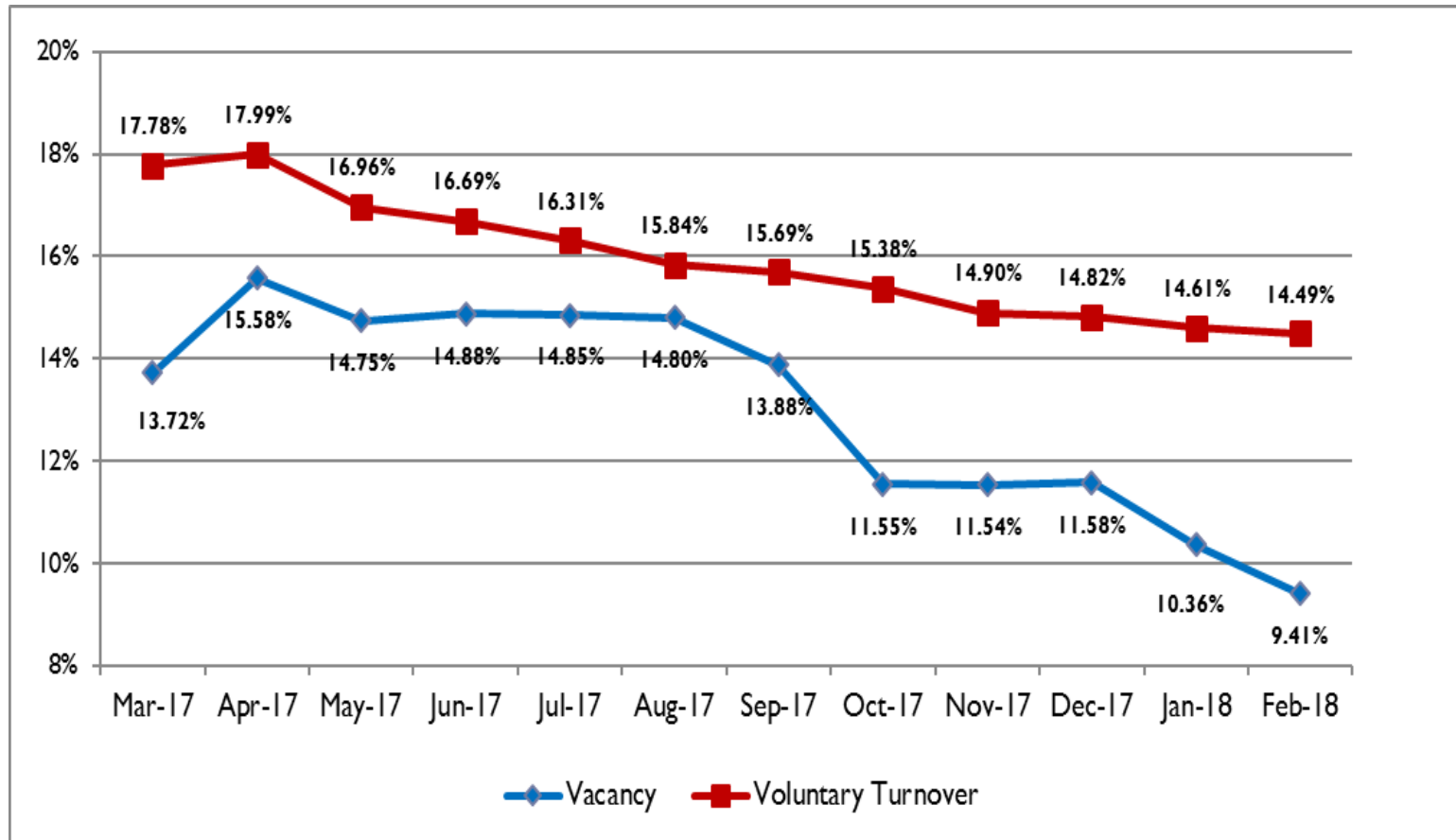
For each of the 79 clinical inpatient areas in, the actual number of staff as a percentage of the planned number is recorded on a monthly basis.

The table below represents the high level summary of the planned and actual ward staffing levels reported for February 2018.

Site	%Fill Rates Day & Night				Care Hours Per Patient Day (CHPPD)		
	Average fill rate- RN/Midwives (%) Day	Average fill rate- RN/Midwives (%) Night	Average fill rate - Care staff (%) Day	Average fill rate - Care staff (%) Night	Reg. midwi ves/ nurses	Care Staff	Total CHPPD
DH	93%	97%	112%	229%	9.1	3.0	12.1
PRUH & South Sites	96%	99%	101%	112%	5.4	3.3	8.7

Some clinical areas were unable to achieve the planned staffing levels due to vacancies and sickness, staffing levels are however maintained through the relocation of staff, use of bank staff and where necessary agency staff.

- The graph below outlines the annual vacancy and turnover across the Nursing and Midwifery workforce, with a downward trend seen in both.



Graph 1 . Nursing & Midwifery Turnover / Vacancy 2017 /18

Current Month: Feb 18

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Networked Care Operational Team	15.53	93.95% ⇄	
Networked Care Operational Team	15.53	93.95% ⇄	
Sub Division A	-10.79	0.00% ↓	15.71% ↓
Cardiovascular Sciences	15.29	7.03% ↓	16.90% ↑
Critical Care, Radiology and MEP	-51.28	0.00% ⇄	17.38% ↓
Sub Div A Operational Team	-3.00	0.00% ⇄	
Variety Children's Hospital	28.19	7.41% ↓	12.98% ↓
Sub Division B	66.31	6.86% ↑	13.67% ↑
Cancer	3.80	21.35% ↓	14.37% ↓
Haematology and Precision Medicine	9.57	5.34% ↓	10.55% ↑
Liver and Renal	6.67	1.75% ↓	12.31% ↑
Neurosciences	48.26	12.46% ↑	16.83% ↑
Sub Div B Operational Team	-2.00	0	35.29% ↑
Networked Grand Total	71.05	3.50% ↓	14.77% ↑

Current Month: Feb 18

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Planned Care	77.11	7.60% ↓	13.16% ↓
Dental	-0.60	0.00% ⇨	
Planned Care Operational Team	3.40	37.78% ⇨	
Planned surgery and Ophthalmology	-0.19	0.00% ↓	15.61% ↓
Theatres and Anaesthetics	59.29	16.07% ⇨	13.86% ↓
Womens Health	15.20	4.25% ↓	11.21% ↑
Urgent and planned care operational team	0.00	0.00% ⇨	
Urgent and planned care operational team	0.00	0.00%	
Urgent Care	91.15	11.19% ↓	16.55% ↓
Acute and Emergency	27.50	7.80% ↓	14.90% ↓
Pharmacy			
Post-Acute and Planned - Urgent Care	61.33	13.80% ↓	18.19% ↑
Therapies	2.32	16.06% ↓	13.48% ↓
Urgent Care Operational Team	0.00	0.00% ↓	
UPACS Grand Total	168.26	9.20% ↓	14.58% ↓

Current Month: Feb 18

Sub-Division/Care Group	Groups		
	N&M and Support		
	Vacancy FTE NM	Vacancy % NM	Voluntary Turnover % NM
Acute and Emergency Care	35.05	15.93%	19.83%
Post-Acute Medicine	77.31	12.06%	14.31%
PRUH Operational Team	3.27	7.52%	9.18%
Surgery, theatres, Anaesthetics and Endoscopy	61.38	12.29%	10.74%
Women's & Children's and core services	6.58	1.69%	12.73%
PRUH Grand Total	183.60	10.24%	13.47%

Denmark Hill Site

- Recruitment via Sterling Cross and ID Medical recruitment agencies continue with limited success
- 10 International nurses confirmed to start in March/April 2018
- Around 34 adaptation nurses currently in B3 roles awaiting successful completion of the OSCE; B5 vacancy rate to reduce over next 3 months
- Advertisements on the Guardian Jobs Online, Trust social media and JobstheWord (targeted passive market) – unfortunately no significant spikes of activity noticed after these additional campaigns
- Role redesign now being reviewed in ED, successful recruitment to the Band 6 Senior sister and Junior sister posts which will provide a future pipeline for Band 7 nurses in ED
- Revised rolling adverts on NHS Jobs for B5 and B6 – both generic and focussed - New adverts written and in use to include the Neurosciences foundation course amongst other benefits

PRUH

- A full year rolling Guardian campaign is being planned for whole of the PRUH site, this is due to start from May 2018. This will include content pieces and promoted jobs/banners.
- New Adverts for ED PRUH in use with more focus on the benefits on working at the PRUH – like area, working environments and high cost area 15%. ED PRUH videos are also live which are very encouraging for NQNs.
- 23 International Nurses commenced in post between March 2018 – April 2018
- A recruitment strategy for B5 and B6 has been developed with the HoNs, prioritising ED, Acute and Post-Acute Medicine
- Good attendance at recruitment and university events locally and nationally, aim to work more closely with Kent universities in the near future.

Australia

- Of the 42 offers made and confirmed by candidates, 7 have started between January 2018 and March 2018, the remaining new starters will start employment over the next 6 months
- The Trust will be returning to Australia in June 2018, with job fairs booked for Melbourne, Sydney, and Brisbane through Health Sector Jobs. Risk around offers that other Acute Trusts are able to offer potential candidates, previously some candidates were lost to Southampton
- Discussions are currently also progressing in regard to extending this to include a recruitment event in New Zealand. Nil other Acute Trusts currently attending this event

Other countries

- Multiple other recruitment events are planned for forthcoming months, including India, Philippines, Spain and Ireland

- The establishment review planned for March 2018 will now commence in May 2018, following feedback from NHSi and the need for additional training in relation to acuity and dependency scoring. This will be completed in all Adult and Children's Inpatient areas across the Trust.
- Divisional monthly Recruitment and Retention meetings have now been arranged. Recruitment Partners are working closely with the services with a focus on the hotspot areas.
- An E- Roster steering group has been established with key senior nursing representation from all divisions. The priority of the group is to revise the current E-Roster policy, which will outline the key roles and responsibilities of staff and include metrics to ensure good roster management is implemented consistently.
- Work with NHSi is ongoing in relation to e-rostering, temporary staffing and establishment reviews. The first of these has been received regarding Trauma and Orthopaedics .
- A new nursing and midwifery control process has been instituted from the 30th April that has lifted all accountability for temporary spend sign off to Heads of Nursing. The spend will be audited weekly and any spend that still occurs above budget rapidly scrutinised and managed.
- The key new recruitment and retention initiative which commenced in December 2017 to promote flexible working is ongoing. This initiative is in recognition of the decreasing pool of nurses available and the need to remain and enhance Kings as an attractive employer.
- Work is underway to review the current preceptorship programme, to ensure that newly qualified nurses are supported and developed in practice and do not exit the organisation within the first year of registration.

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 effective workforce utilisation.