

Monthly Nurse Safer Staffing Report May 2018

Trust Board June 2018

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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 March/ April 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).

This report includes data relating to nurse staffing levels, areas where safe staffing levels were not met and CHPPD., in addition information is provided regarding current recruitment initiatives that are supporting the reduction in the nursing and midwifery vacancy rate

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 March 2018 there were a total of 167 red shifts across both sites, which was the highest number of red shifts seen in Q4. In April 2018 the number of red shifts reduced significantly to a total of 90 across the trust. During May the number of red shifts has reduced again to a total of 62 across the trust. 29 were recorded at the Denmark Hill Site and 33 at the Princess Royal University Hospital ; 71% of these red shifts occurred on day shifts. The trend of red shifts will continue to be monitored on a monthly basis, utilising a newly developed heat map that will be reviewed at the monthly safer care forums. This information will be reviewed alongside harms and other safety metrics to ensure there is adequate oversight of any gaps in staffing that may impact negatively on care.

'Hotspot' areas for nursing/midwifery staffing in May 2018

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

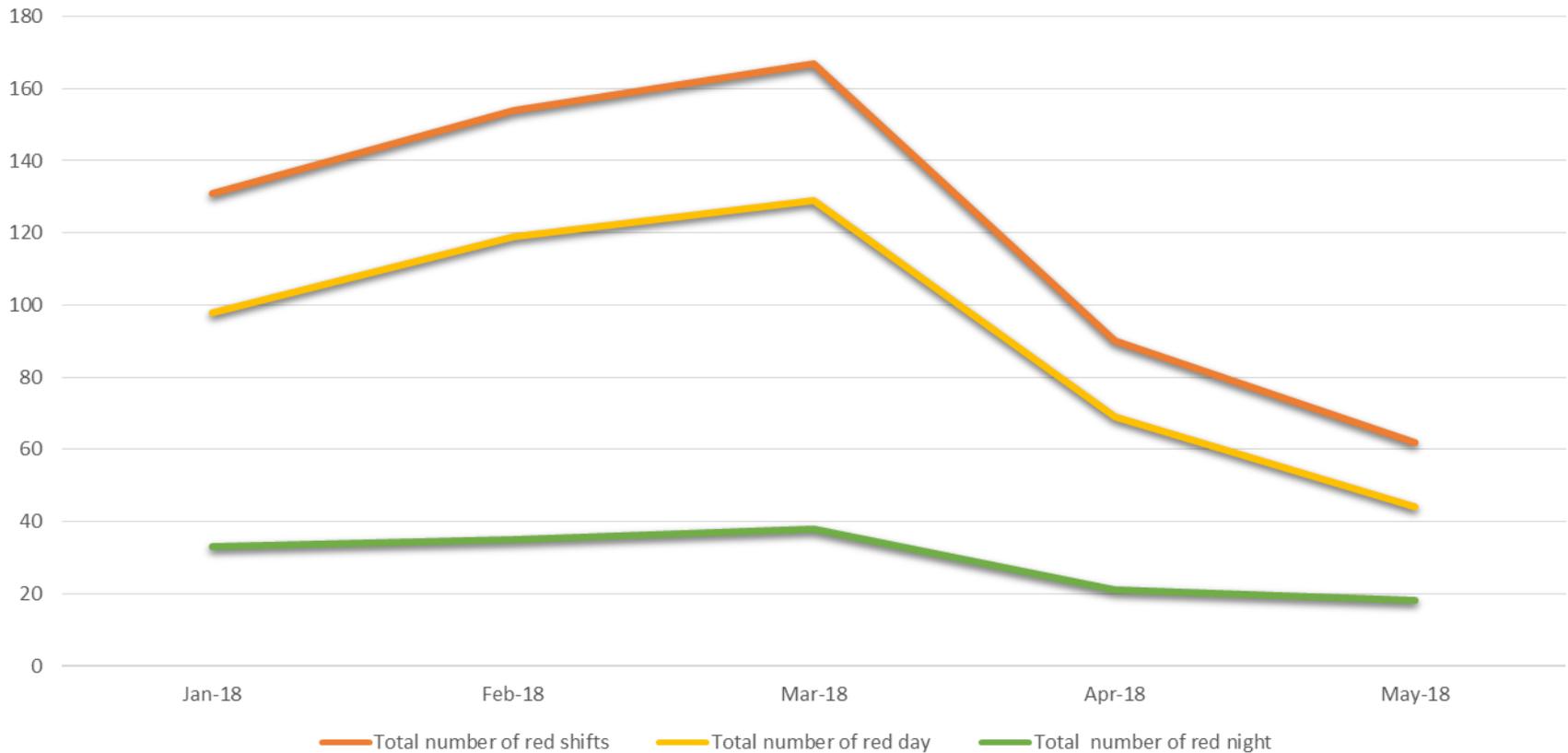
The nursing hotspot areas are outlined below, these areas remain largely the same to previous months despite various campaigns to address the vacancies, however it is worth noting that Neurosciences and Theatres have seen slight decreases in vacancy rate in this period.

DH: Post Acute Medicine , Neurosciences, Theatres and Emergency Department

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

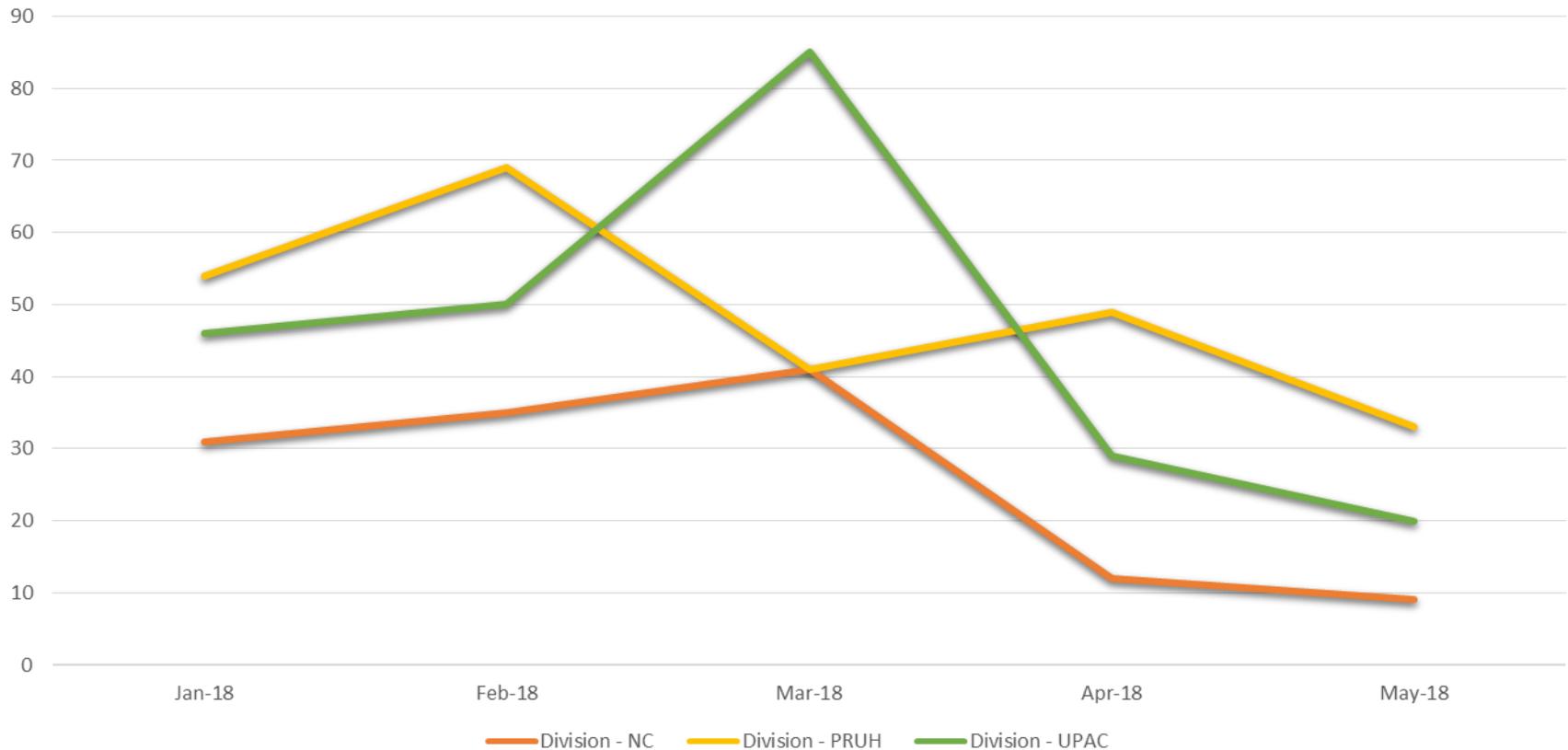
Graph to show the total number of red shifts for all divisions, then further data to show the comparison between the day and night red shifts.

Red Shifts across Trust 2018



Graph to show the comparisons of the total number of red shifts according to the division.

Red Shifts within Divisions 2018



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.

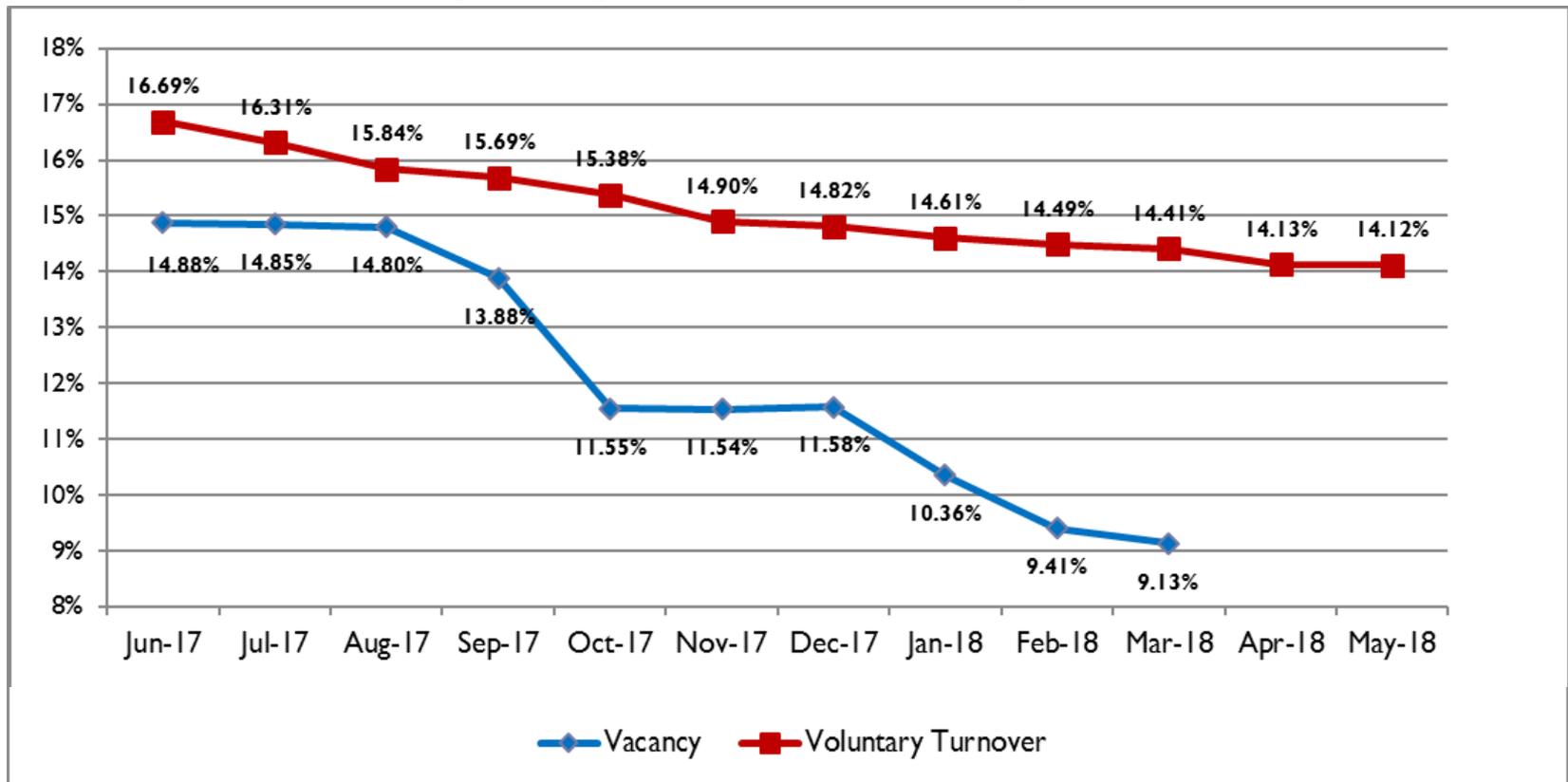
For each of the 79 clinical inpatient areas in, the actual number of staff as a percentage of the planned number is recorded on a monthly basis.

The table below represents the high level summary of the planned and actual ward staffing levels reported for March 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	95%	98%	116%	131%	9.2	3	12.1
PRUH & South Sites	97%	99%	104%	114%	5.3	3.6	8.8

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.

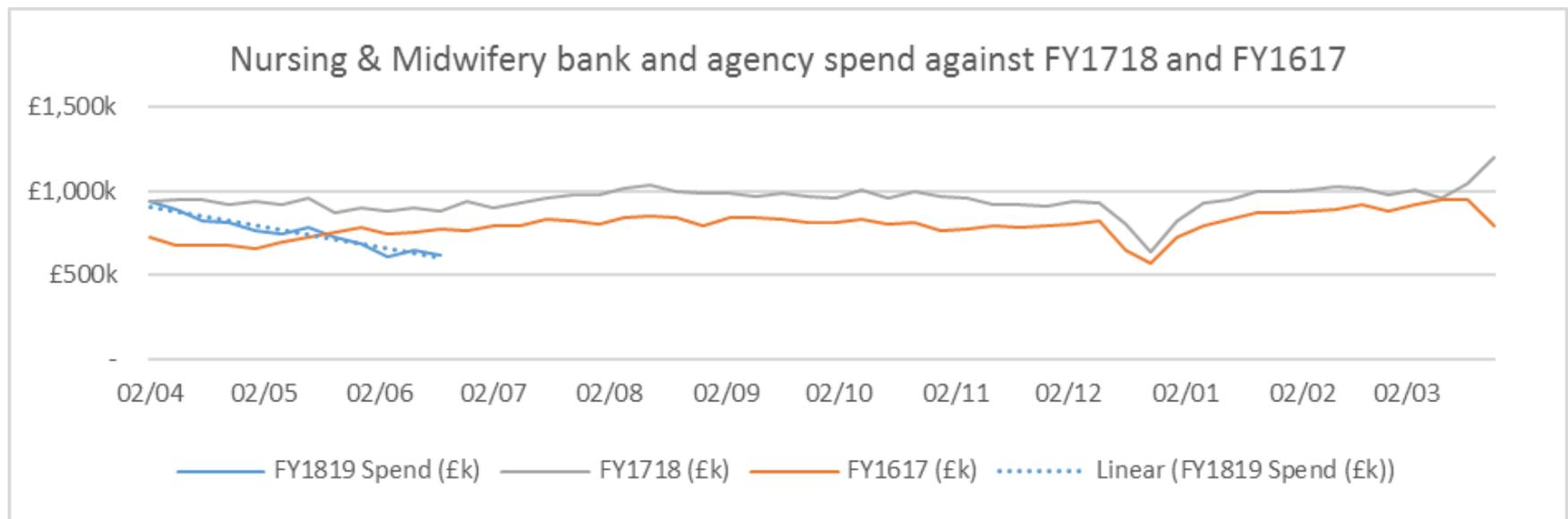
- The graph below outlines the annual vacancy and turnover across the Nursing and Midwifery workforce, with a continued downward trend seen in both.
- Please note that due to the position regarding budget setting the establishment position cannot be confirmed, therefore the vacancy rate is not available. Once this exercise has been completed this can be confirmed.
- In view of this lack of data it is not possible to provide detailed divisional vacancy and turnover breakdown in this financial



The following graph shows the bank and agency expenditure for FY1617, FY1718 and FY1819.

The new nursing and midwifery control process that was instituted from the 30th April 2018 has been revised further with all accountability for temporary spend sign off now sitting with Directors of Nursing, this change was instigated on 22nd May 2018.

The spend will be audited weekly and any spend that still occurs above budget rapidly scrutinised and managed.



Australia and New Zealand

- This recruitment campaign has been really successful with a total of 104 offers made in Melbourne, Sydney, Brisbane and Auckland.
- The successful candidates will start from September 2018 to January 2020.

Other countries

- Due to the low rate of current vacancies rates across the trust it has been agreed to stand-down the International Recruitment campaigns in India (20-24 August) and the Philippines (18-22 September).
- A microsite has been developed to support the Australian recruitment campaign; this will now be adapted for wider use locally and nationally.
- Future planned recruitment campaigns include Dublin (October), Philippines (November) and India (December).

- Following receipt of the NHSi desktop review of nursing establishments, work has been completed within each division to reduce headcount, both substantive and temporary staffing. This has been completed at pace, with the overall process due for completion at the end of June 2018. Following these reductions, monitoring safer care metrics will be essential to ensure that these reductions do not impact on safety, this will be monitored via the monthly safer care forums.
- The additional training recommended by NHSi in relation to acuity and dependency scoring for adult in-patient areas has now been completed and a plan developed for wider roll out across the Trust. A date is set for the same training to be rolled out across paediatrics.
- Acuity and Dependency is being collated for 28 days, which will be analysed further with support from NHSi, this data will help to inform the nursing establishment review.
- The NHSi are supporting with a deep dive of 11 wards, with master-classes around e-roster for the associated ward managers, matrons and heads of nursing.
- The E- Roster steering group continues, which is increasing the scrutiny of rota management and enabling certain aspects of the e-roster module to be managed more effectively. The E-roster policy is being revised, and support to this is being provided by NHSi.

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.