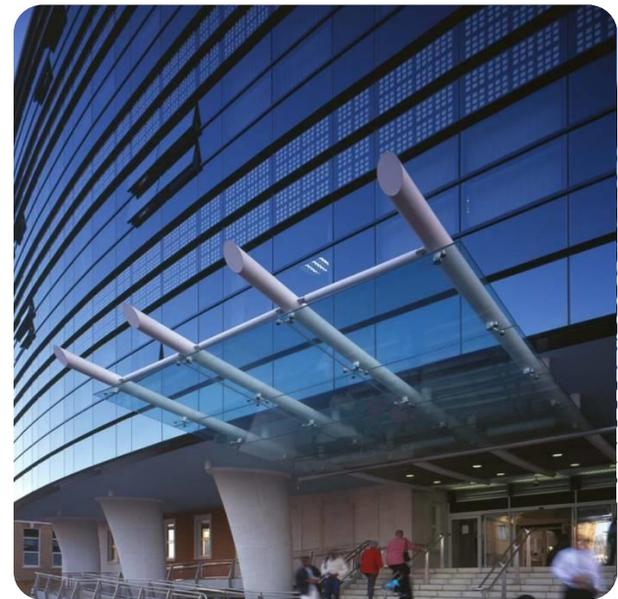


Monthly Nurse Safer Staffing Report June and July 2018

Trust Board September 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 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.

During June the total number of red shifts is 75 across the trust. 49 were recorded at the Denmark Hill Site and 26 at the Princess Royal University Hospital ; 61% of these red shifts occurred on day shifts.

During July the total number of red shifts is 71 across the trust. 43 were recorded at the Denmark Hill Site and 28 at the Princess Royal University Hospital ; 51% 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

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.

June and July 2018

DH: Theatres, Neuro-sciences, post acute medicine, acute medicine , Neonatal and Emergency Department

PRUH: Post Acute medicine, theatres, Emergency Care and 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.

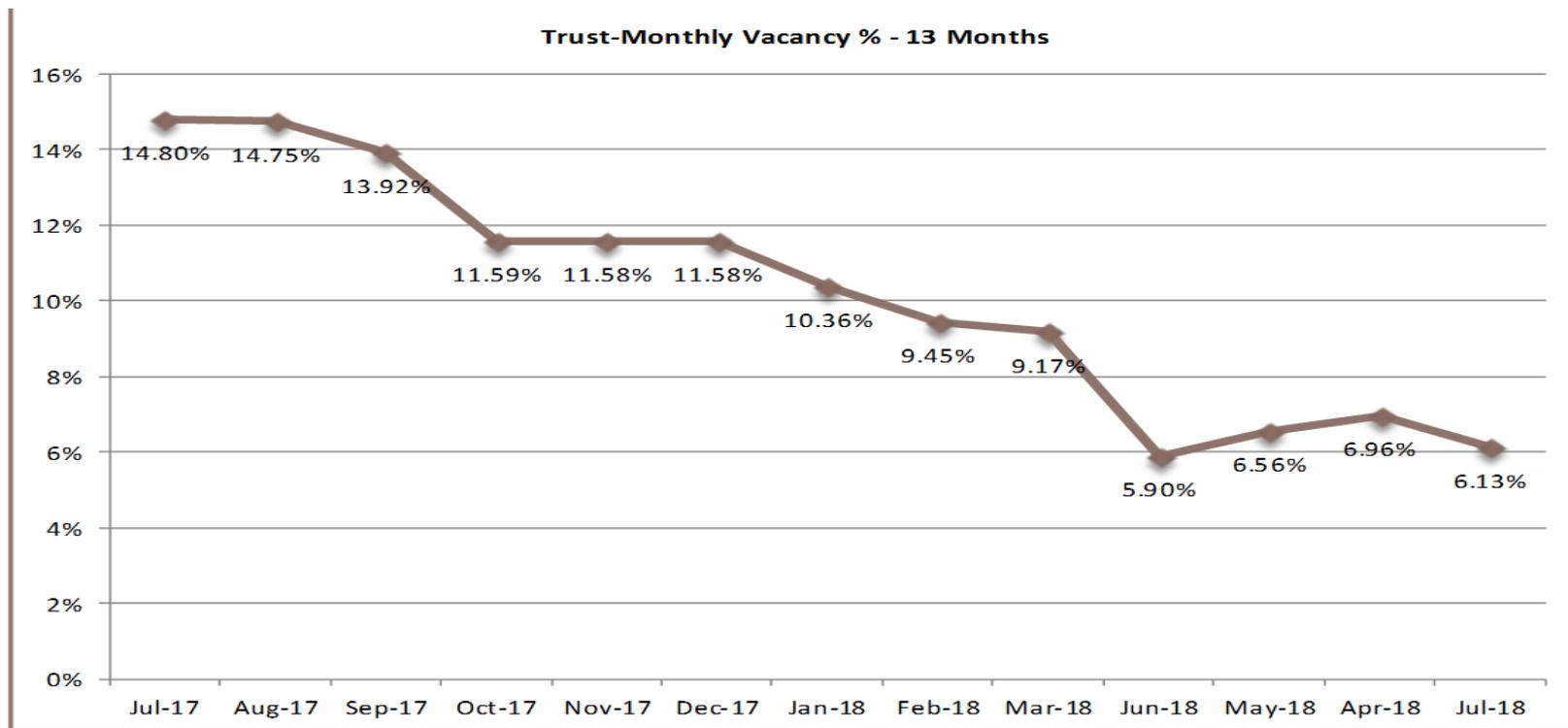
For each of the 79 clinical inpatient areas in, the actual number of staff as a percentage of the planned number is recorded on a monthly basis.

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

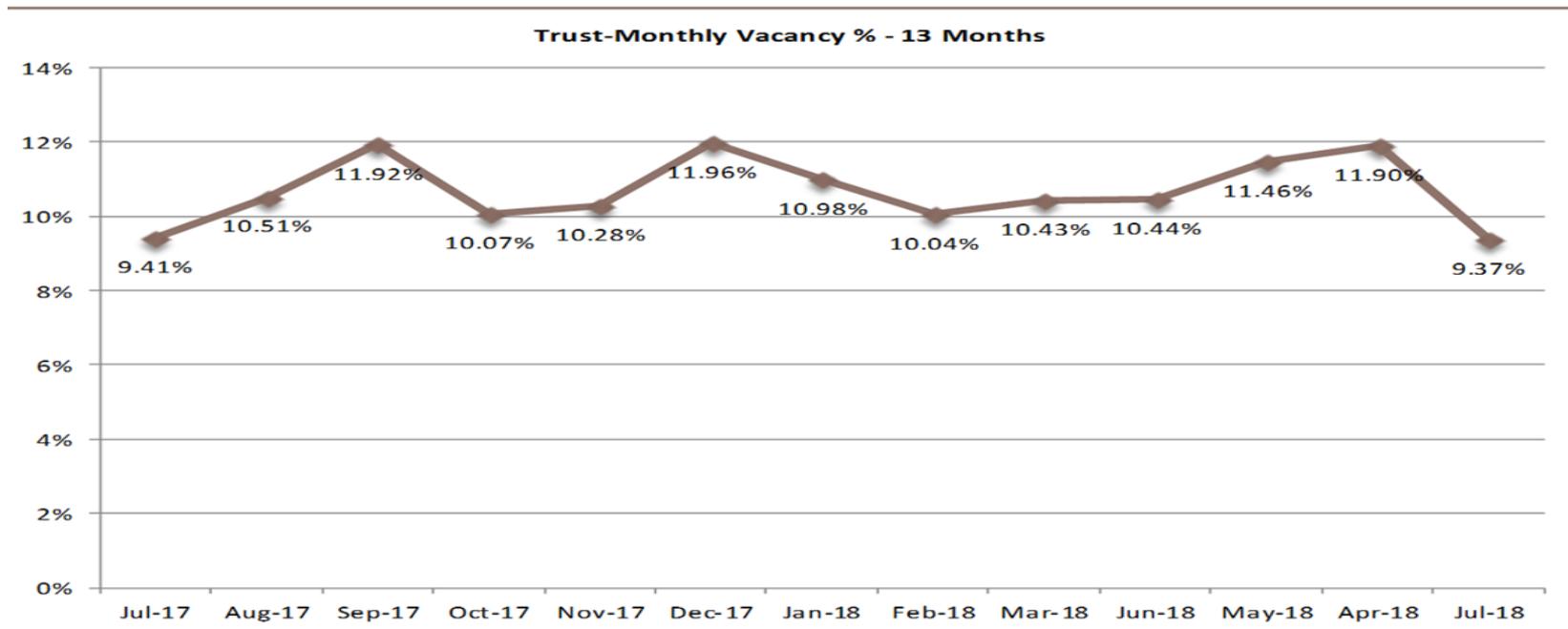
8.8	%Fill Rates Day & Night				Care Hours Per Patient Day (CHPPD)		
	Average fill rate- RN/Midwives (%) Day	Average fill rate- RN/Midwives (%) Night	Average fill rate - Care staff (%) Day	Average fill rate - Care staff (%) Night	Reg. midwi ves/ nurses	Care Staff	Total CHPPD
DH	94%	97%	106%	112%	8.1	2.5	8.7
PRUH & South Sites	95%	97%	103%	107%	5.1	3.3	7.8

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 across the Nursing and Midwifery workforce, with a continued downward trend.



- The vacancy rate for HCAs has fluctuated over time. The current use of the HCA talent pool needs to be improved; HR colleagues and local teams are working on this to improve the vacancy rate.
- The Trust is working towards a 0% vacancy target for HCAs, additional work is required to achieve this.



The table below shows the details of the vacancies for the three divisions across the Trust, with an overall vacancy of 6.13%

Division	Vacancy WTE	Vacancy %	Voluntary Turnover
Networked	79.41	3.78%	15.71%
UPAC	145.02	7.70%	14.45%
PRUH	83.33	4.74%	12.74%

HOT SPOTS

- Band 6 vacancy rate remains high at around 36% across Emergency Care at PRUH with more detailed planning underway, including utilisation of print and online specialist sections of the RCN publications.
- Full year rolling Guardian campaign commissioned for whole of PRUH. 50 x promoted jobs/banners and 4 pieces of content showcasing the PRUH clinically as well as a place to live, being utilised for key vacancies.
- Band B5 and 6 vacancy rates have significantly decreased at DH Acute and Post Acute Medicine; a pipeline has been created over the previous months and is being monitored to ensure starters are brought in promptly
- Denmark Hill ED – B7 Nursing vacancy rate remains high, plans are ongoing regarding role re-design to attract candidates
- Neurosciences has seen a slight but continued decrease in the vacancy rate since November 2017, however it still remains one of the highest vacancy areas in the Trust. International recruitment is providing constant but small deployments.

The Trust target for 18/19 is to deploy 400 international nurses. This figure is currently under review in light of a significantly reduced vacancy.

Australia and New Zealand 2018

- This recruitment campaign has been very successful with a total of 113 offers made in June 2018, approximate start dates are as follows:

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul – Dec	TBC
2	5	1	4	11	0	5	3	2	5	16	53

- The remaining successful candidates will start from September 2018 to January 2020.

Other countries

- Due to the low vacancy rate across the Trust, the International Recruitment campaigns in India (20-24 August 2018) and the Philippines (18-22 September 2018) were stood down.
- Future planned recruitment campaigns include Dublin (October 2018), Philippines (November 2018) and India (December 2018).

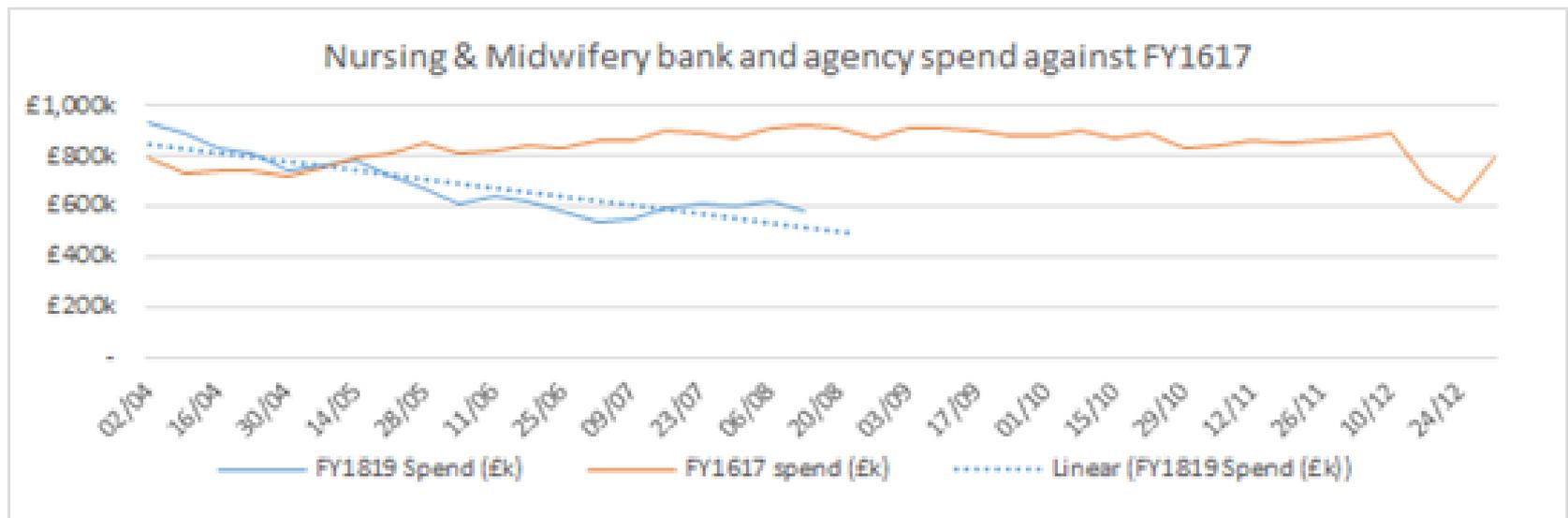
National Recruitment campaigns:

- The trust will attend 6 Nursing Times Events over the year in London (X2), Leeds, Manchester, Birmingham and Bristol.

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.

Each division hosts a weekly review meeting to examine temporary staffing usage, both retrospective and prospective. This process is having a positive impact on the use of temporary staffing.

The following graph shows the bank and agency expenditure for FY18/19 spend against FY16/17



- A robust establishment review is being completed across all adult and child inpatient areas. This process is rigorous using a range of information, including review of current budgeted establishment, acuity and dependency data and professional judgment.
- This process involves the ward sisters through to the DoNs attending a 'check and challenge' meeting to review the data, discuss any specific factors that impact on staffing requirements, with the overarching aims to:
 - Agree ward establishments, looking at agreed budget and current ward establishment
 - Challenge temporary staffing spend, looking at enhanced care and vacancies
 - Provide assurance that the ward is working within the agreed headroom, looking at total unavailability
 - Provide assurance around safety and quality metrics
 - Provide assurance that the rosters are fully approved 6 weeks in advance
 - Discuss staff satisfaction scores for the ward if available (not available if response rate is low)
 - Agree any additional recommendations for the ward in light of the review – e.g. use of TNAs, additional training needs
- The Check and challenge for all inpatient wards, are to be concluded early September 2018
- Other clinical areas; maternity, outpatients, theatres, ED, Critical Care will be reviewed using a similar methodology. The schedule aims to conclude the review of the remaining areas by the end of November 2018.
- Significant support has been provided to this process by PWC and plans are in place to ensure this becomes a sustainable Trust process for the future.

- 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; support to this is being provided by NHSi. The revised policy will be issued by end of September 2018
- Monthly e-roster meetings are arranged with teams that have poor roster ratings.
- These meetings are led by the e-roster team with support from the associate directors of nursing. The aim is to hold teams to account regarding roster metrics, ensuring that unavailability is managed, annual leave is planned, hours are used and rosters are finalised on time.
- Plans are in place to transfer the responsibility for these meetings to the heads of nursing supported by the e-roster team. This will ensure greater local accountability for effective roster management.

- The following policies were ratified during this reporting period:
 - The enhanced care policy
 - The internationally educated nurses policy
 - The preceptorship policy
- Training to support the implementation of these policies is currently being rolled out to staff
- Monthly recruitment and retention meetings for all divisions have been arranged.
- Increased focus on HCA recruitment and retention
- A full update of progress against the nursing establishment review will be provided for the October 2018 Board Meeting.
- There will now be an increased focus on retention; with the senior nursing team working closely with HR colleagues on this initiative.

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.