Kingston Hospital NHS Foundation Trust

Safe Staffing

Trust Board	**Item: 12**
Date 29th November 2017	**Enclosure: H**
Purpose of the Report: This report provides the Trust Board with an update on progress with meeting the safe staffing guidance including published nursing, midwifery & care assistant staffing data and how the Trust ensures the best use of its staffing resources. The recruitment and retention of nurses, midwives and support staff continues to be a high priority. This report provides the Trust Board with an overview of current and future recruitment and retention activates and key areas of focus in developing nursing, midwifery & support staff.	
For: Information ☒ Assurance ☐ Discussion and input ☐ Decision/approval ☐	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Corporate objective 5.
Legal / Regulatory / Reputation Implications:	National Safe Staffing reporting requirements
Link to Relevant CQC Domain: **Safe ☒ Effective ☒ Caring ☐ Responsive ☐ Well Led ☒**	
Link to Relevant Corporate Objective:	Strategic Objective 2 – To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
Document Previously Considered By:	EMC 15th November 2017

Recommendations:

a) **Note** the nursing, midwifery and care staffing information provided in line with national safe staffing guidance
b) **Note** current vacancies, recruitment and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall.
c) **Note** the on-going progress with programmes of development for nursing, midwifery & care staff groups

Safe Staffing Report September 2017

1. Executive Summary

1.1 This report provides the Board with an update of progress with regard to the requirements of the national safer staffing guidance, areas of focus are vacancy, recruitment, retention and developing nursing, midwifery and care staff.

1.2 This report takes into consideration the need to balance the setting of safe staffing establishments within available resources and indicates how this will be achieved.

1.3 This report provides assurance of the process in place to review and mitigate staffing shortfalls in real time and the process in place to ensure unmitigated staffing shortfalls are reported, investigated and lessons learnt.

1.4 The recruitment and retention of both registered nurses and health care support workers continues to be challenging locally and across London. Progress has been made through the proactive approach to ensuring a current and future supply of staff, as well as initiatives to improve retention. The Trust is participating in the London wide Capital Nurse programme focusing on recruitment and retention of nursing and midwifery staff.

2. Introduction

2.1 The 'Hard Truths' (2014) publication from the Care Quality Commission (CQC) and NHS England detailed requirements for Acute Provider Trusts to:

a) Report and publish a monthly return via Unify to NHS England (NHSE) indicating 'planned' and 'actual' nurse staffing by ward. This is returned each month to NHS England, the CQC and published on NHS Choices website.

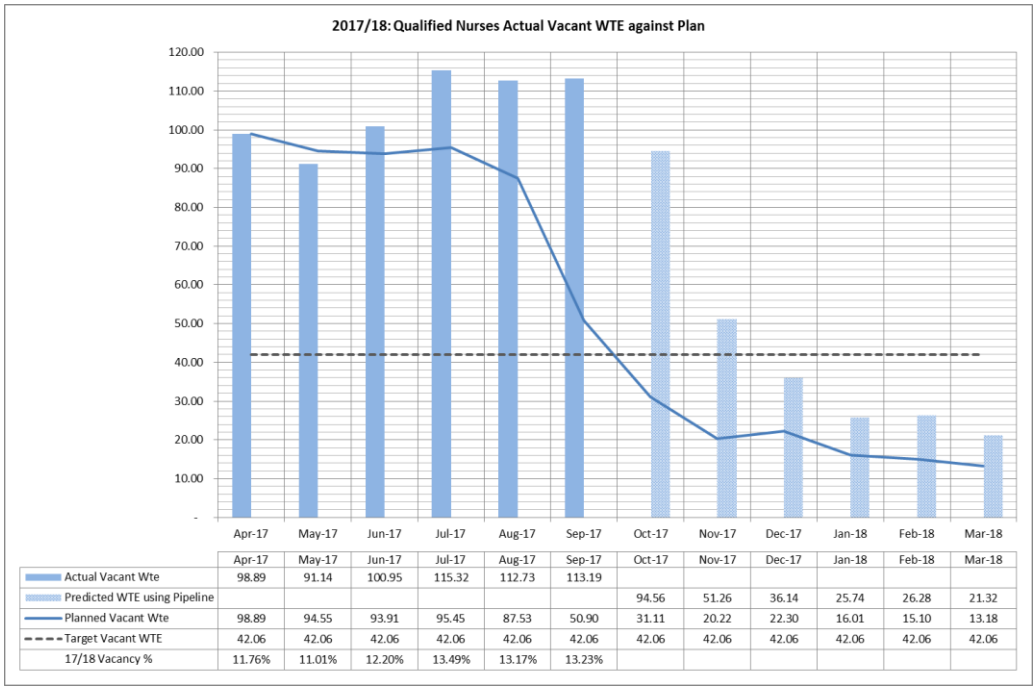
b) Publish information with the *planned and actual qualified and unqualified nurse staffing* for each shift.

c) Provide a 6 monthly report on nurse staffing to the Board of Directors.

3. Current vacancy status

3.1 At Kingston Hospital NHS Foundation Trust (KHFT), we continue a targeted approach focused on overseas recruitment from the Philippines in order to recruit trained nurses. Deployment of these nurses has supported the move to a more favourable position against the Trust target to have a vacancy rate of fewer than 42 wte registered nurses. The graph overleaf depicts the current status and overarching vacancy trend. Registered nurse vacancies for September 2017 are at 112 wte.

3.2 While deployment of nurses already recruited and in the pipeline seeks to improve this position further the Trust is also considering local initiatives to support recruitment within in the UK, and to improve retention throughout the Trust which remains a significant challenge.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual Vacant Wte	98.89	91.14	100.95	115.32	112.73	113.19						
Predicted WTE using Pipeline							94.56	51.26	36.14	25.74	26.28	21.32
Planned Vacant Wte	98.89	94.55	93.91	95.45	87.53	50.90	31.11	20.22	22.30	16.01	15.10	13.18
Target Vacant WTE	42.06	42.06	42.06	42.06	42.06	42.06	42.06	42.06	42.06	42.06	42.06	42.06
17/18 Vacancy %	11.76%	11.01%	12.20%	13.49%	13.17%	13.23%						

Current vacancy status of registered nurses against recruitment pipeline

3.3 The current vacancy rate mitigated by registered nurses in the pipeline is detailed below by division.

Current vacancies are:

a) 64.38 wte for unplanned care with 72 wte in the pipeline

b) 54.12 wte for planned care with 54 wte in the pipeline

3.4 In terms of priority areas for recruitment, care of the elderly and medicine currently have the highest vacancies (34.43 wte) followed by Trauma and Orthopaedics (12.75wte) and A&E (13.79 wte).

3.5 In September 24 new starters were deployed throughout the Trust.

3.6 It should be noted that there is a delay in the recruitment pipeline very much dependent on processes outside of Trust influence, such as visas and NMC status. However, established processes to support efficiency in the areas we can impact are in place, such as excellent support to enable a high first time pass rate for overseas nurses passing their clinical competency practical exam (OSCEs).

3.7 Robust recruitment must continue to be a priority in addition to a renewed focus on retention as well as a focus on local recruitment drives and initiatives in order to keep staffing safe.

3.8 Registered nurse sickness rates are monitored and have been below the Trust target of 2.3% in the previous two months, in September sickness is at 2.6%.

Current vacancy status of healthcare assistants against recruitment pipeline

3.9 The current vacancy rate mitigated by healthcare assistants in the pipeline is detailed below by division.

Current vacancies are:

a) 33.32 wte for unplanned care with 2 in the pipeline
b) 1.13 wte for planned care with 3 in the pipeline

3.10 In terms of priority areas for recruitment, care of the elderly currently has the highest vacancy rate (10.10 wte) with respiratory the second (10.82wte). Unlike registered nurse vacancies there are currently not enough HCA's recruited in the pipeline to cover the vacancies.

Maternity staffing

3.11 Midwifery staffing is demonstrating a very positive picture with the unit reporting no vacancies. This is due to a significant number of newly qualified midwives who have been recruited. Senior Midwives provide close mentorship and support to newly qualified midwives.

Paediatric staffing

3.12 The paediatric unit currently has 4.0 wte registered paediatric nurses vacancies. These vacancies are currently out to advert.

4. Keeping Staffing Safe & Red Flags

4.1 A daily review of nurse staffing is a routine part of the hospital operational business at local, divisional and corporate levels. There is a fully embedded process which manages the constantly changing picture of nurse staffing in real time. Matrons oversee staffing for their areas and mitigate vacancies, high acuity and sickness to ensure patient safety. Staffing is discussed at every bed meeting and documented within the relevant reports which are then circulated to ensure senior oversight. Out of hours staff escalate concerns to the Advanced Site Practitioner as the designated individual to review staffing and source a solution to any shortfalls. Professional judgment is used to support or redeploy staff as required to ensure continued safety to the clinical areas. Professional judgment includes reviewing skill mix of current staff, patient acuity, the current situational context of the clinical area, the clinical geography, and the current status of the hospital capacity and demand.

4.2 Recommendations from NICE suggest staff raise a 'red flag' should safe staffing or local agreed criteria not be met and an incident form completed. This terminology is being implemented at KHFT. The Safe Staffing group is proposing staffing incidents or red flags which have not been mitigated are reported through the incident process, investigated and actioned appropriately. These are then taken to the Safe Staffing meeting, discussed and validated, and learning is shared. Most importantly senior nurses will support staff and ensure debriefing and appropriate actions/learning is embedded from these incidents. The Nursing, Midwifery & Allied Health Professional Board will receive quarterly updates of unmitigated red flags to ensure trust wide learning.

5. Unify Data

5.1 Unify data is the reported metric of nursing staff actually on duty against the staff who were planned to work in all inpatient areas. There is a national requirement to report this measure and each month this is reviewed and approved by the Director of Nursing following validation. The Unify information is taken from the e-roster system.

5.2 The Unify data also produces 'care hours per patient day' (CHPPD). The CHPPD calculation measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers.

5.3 Designed to measure and compare the standard of patient care in hospitals around the UK, the collated information will be regulated by NHS Improvement, the Chief Nursing Officer for England and the Royal College of Nursing. Care hours per patient day demonstrate a variance across the areas, however are aligned with what we would expect to see in terms of specialty, predicted

acuity. For example, a higher ratio with areas such as ITU as the care is higher acuity, and therefore higher staff to patient ratios, and thus higher care hours.

5.4 Unify and CHPPD can be found at Appendix 1.

6. Ward staffing reviews

6.1 While there is no nationally set guidance on nurse staffing, NICE guidance identified evidence of increased risk of harm associated with a registered nurse caring for more than eight patients during the day shifts.

6.2 There is Royal College of Nursing Guidance published on recommendations for safe staffing in general and elderly care and some Royal Colleges have also set recommendations for specialist areas, such as the Royal College of Acute Medicine recommendations for Acute Medical Units. It is important to note different specialisms in nursing require differing bespoke skill sets to meet the core care needs of their patients. This must therefore be reviewed when local templates for each ward are reviewed, approved and signed off.

6.3 The next planned review of ward staffing is in November and December 2017. The review methodology will include

a) Review of the funded establishment and alignment of budget
b) Review of current staffing templates against service provision
c) Review of the quality metrics in safety, outcomes and experience
d) Any service changes or projected developments
e) Review of the roster against the Roster Policy KPI's
f) Acuity & dependency data

6.4 The leadership team of the service line, Head of Nursing, Manager and Matron, Ward Sister/Charge Nurse, healthroster team and financial accountant will attend these reviews. E-rostering data and policy compliance will also be reviewed. Outcomes, approvals and actions will be noted, with any changes recommended to be approved professionally by the Director of Nursing, and financially by the service line manager and the financial accountant.

6.5 E-roster clinics will be commenced led by the Deputy Director of Nursing to review individual areas and their adherence to the e-roster policy. The Matrons will then ensure local e-roster arrangements are appropriately managed and approved fairly, with regular review periods. This approach will facilitate retention, with staff feeling supported in their work life balance and a fair consistent approach across the organisation.

Items for review will include:

a) Identifying good practice.
b) Complete off duties with the eight weeks' notice advance as per the e-roster policy;
c) Flexible hours /work life balance requested and granted, and reviewed.
d) Management of net hours
e) Management of annual leave
f) Managing the roster in line with service peaks and troughs.
g) Roster sign off and approval is within deadlines.

6.6 Working on Royal College of Nursing Guidance and professional judgment, in the absence of recommendations on minimal staffing levels, Kingston Hospital proposes that wards should have a minimum of 1:8 nurse to bed ratio in the day, and 1:10 at night.

6.7 Appendix 2 provides detail of the average trained nurse to bed ratio for the month of September. To note Blyth and Astor ward had occasions where the ward did not achieve the 1:8 staffing ratios during the day. However it should be noted that this is an average and Blythe as the Medically Optimised for Discharge Ward remain safe with a variant ratio of trained nurses.

Leavers analysis of registered nurses

6.8 Analysis at Appendix 3 illustrates a significant proportion of staff leave within 1 and 2 years of service. The areas with the most leavers are elderly care and medicine, with Derwent, Blyth and Kennet areas for focused improvement together with the emergency department.

6.9 A retention and recruitment group has been convened which will focus on increasing uptake of exit surveys amongst leavers. This will allow us to capture more detail around the reasons for those resignations and help to identify what we can do as Trust to support our qualified nurses, encourage them to stay, and provide the career progression they seek.

Leavers analysis of healthcare assistants

6.10 Recruitment and retention of Healthcare Assistants is improving with a reduction in the actual vacant wte in September 2017.

6.11 The highest proportion of vacant posts is within unplanned care, with elderly care and respiratory the top specialties. This is mitigated with temporary staffing solutions, however as with registered nurses, we are driving forward a focus on reviewing why staff leave, and what we can do to provide what they need to stay in terms of career progression or work life balance negotiations. In addition the Trust has acknowledged the high cost of living in the local area given all Band 2 staff an extra increment from 1st October 2017.

7. Workforce planning for the future

7.1 In terms of long term strategic plans on managing our nursing and wider workforce, the following actions have been undertaken since the last report;

- Establishment of a Recruitment and Retention Group, to provide further strategic focus on recruiting and retaining our staff, including examining and managing the implications of Brexit as it unfolds.
- The safer staffing group, which reviews nurse staffing, has moved to weekly, from fortnightly.
- The Minority Ethnic Group (MEGA) continues to be a well-attended and valuable arena for ethnic issues to be discussed and actioned

Assistant Practitioners

7.2 As a Trust we currently have 4 Assistant Practitioners (AP), 3 in the Emergency Department and 1 on the Acute Assessment Unit.

7.3 Assistant Practitioners, although unregistered as practitioners, have completed an academic qualification alongside practical placements to attain competencies to care for patients independently, with oversight of a registered nurse. The AP can assess, plan, provide and evaluate care for a small group of patients and sign independently to account for the care they have provided.

Pre-registration Education

7.4 The changes to arrangements associated with salary support have resulted in a significant reduction in sponsored students. In total the only eligible pathways were for 3 staff on the 18 month midwifery programme.

7.5 The Trust has increased the number of students undertaking placements at Kingston Hospital. We now have undergraduate nursing students from Kingston University and London South Bank in both the adult and child fields of nursing. The introduction of tuition fees in nursing programmes has seen a reduction of students enrolling in September 2018; the final figure is yet to be released but early indications appear significant at around 25%.

7.6 The Trainee Nursing Associate (TNA) national pilot continues. The Trust has 8 trainees allocated here successfully; they are nearing completion of year one. We are currently securing 20 places on the Nursing associate apprenticeship programme and it is anticipated 10 will be at Kingston University in January 2018 and 10 at London Southbank Bank University in May 2018.

7.7 The recruitment of international registered nurses continues and the practice development team facilitated a very successful programme with one of the highest pass rates in the country (98%). On the back of this success Sarah Connor and Siobhan McCawley have written a book entitled 'How to be a UK RN' which will be published by Clinical Pocket Reference Guide in December 2017.

8. Conclusion

8.1 Reviewing and aligning nursing workforce against care needs and managing these within the financial envelope remains both high profile and a constant challenge. The challenges around recruiting and retaining nursing staff remain a priority, with turnover of Band 5 nurses being the biggest factor. Whilst this is a national issue, particular issues within our local demographic centre around being a high cost living area, and being so close to other Hospitals offering a higher London weighting payment. Overseas recruitment remains the most valuable source of recruiting nurses into Kingston hospital. However a focus on retaining our current workforce is now moving forward, with considerations around incentives, work life balance, supporting career progression, and ensuring we maximise efficiency in the rosters through a robust staffing review process. Development of a Workforce Strategy in 2018/19 will need to consider these factors alongside a review of how the nursing, midwifery and care professions, both registered and unregistered, contribute to the strategic staffing plan going forward.

8.2 Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short and long term staffing shortfalls, it can be concluded that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities.

9. Recommendations

9.1 The Board of Directors is asked to:

a) **Note** the nursing, midwifery and care staffing information provided in line with national safe staffing guidance.
b) **Note** current vacancies, recruitment and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall.
c) **Note** the on-going progress with programmes of development for nursing, midwifery & care staff groups.

Appendix 1 – Safer Staffing Ward & Shift Analysis – September 2017

Ward	Day Staffing Rate - RN/MW	Day Staffing Rate - HCA	Night Staffing Rate - RN/MW	Night Staffing Rate - HCA	Care Hours Per Patient Day (CHPPD)
AAU	96.95%	116.37%	95.78%	125.38%	7.90
Alex	106.61%	118.01%	99.78%	203.23%	6.82
Astor	86.30%	128.33%	97.78%	111.68%	6.11
Blyth	88.84%	87.49%	103.33%	86.00%	7.41
Bronte	92.00%	153.07%	100.12%	110.43%	5.10
Cambridge	101.94%	136.87%	105.56%	133.33%	5.82
Canbury	99.96%	103.12%	100.00%	160.00%	6.65
Derwent	100.59%	109.51%	102.47%	179.93%	6.11
Hamble	104.16%	114.86%	112.22%	120.29%	6.06
Hardy	100.98%	151.58%	104.60%	263.12%	6.39
Intensive Care Unit	92.58%		91.22%		33.43
Isabella	81.11%	66.36%	98.33%	21.74%	7.57
Keats	97.72%	132.65%	97.78%	109.14%	6.84
Kennet	95.44%	115.62%	101.11%	146.67%	5.92
Neonatal Unit	100.00%	100.00%	100.00%	100.00%	10.42
Sunshine	95.59%	85.56%	99.82%	133.33%	14.39
Maternity	87.06%	93.10%	87.87%	78.07%	13.74
Trust	**92.85%**	**111.46%**	**95.81%**	**111.89%**	**8.05**

Appendix 2 – Average trained nurse to bed ratio for the month of September

Ward	Average RN number on day shift	Average RN number on night shift	Bed No.	Average month RN day shift to patient ratio	Average month RN night shift to patient ratio	No. day shifts where standard breached	No. night shifts where standard breached
AAU	11.4	8.6	50	4.4	5.8	0	0
Alexandra Ward	4.3	1.9	20	4.7	10.3	0	4
Astor Ward	4.4	2.9	25	5.7	8.5	2	3
Blyth Ward	2.5	2.1	20	8.1	9.7	16	0
Bronte Ward	5.5	3.0	30	5.5	10.1	0	1
Cambridge Ward	5.4	3.2	24	4.4	7.6	0	0
Canbury Ward	2.0	2.0	14	7.0	7.0	0	0
Derwent Ward	5.1	3.0	30	5.9	9.9	0	0
Hamble Ward	5.3	3.4	30	5.7	8.9	0	1
Hardy Ward	4.2	3.0	24	5.8	7.9	0	2
Isabella	3.7	2.0	15	4.1	7.6	0	1
Keats Ward	5.1	2.9	30	5.9	10.2	0	2
Kennet Ward	4.8	3.0	30	6.3	9.9	0	0

NB. Escalation areas open in September 2017 were Canbury ward 2 beds and Cambridge ward have been escalated between 6-16 beds to meet activity for emergency admissions. This has not been factored into the above calculations.
In addition the Supervisory Ward Sister and Nurse in Charge are included in the ratios.

Appendix 3 - Leavers analysis of registered nurses

LEAVERS ANALYSIS						
		Annual Leavers	% of total Lvrs		Annual Leavers	% of total Lvrs
by Division				***by Length of Service***		
Unplanned Care		79	54.1%	1 year	45	30.8%
Planned Care		62	42.5%	2 years	26	17.8%
Central		5	3.4%	under 1 year's service	24	16.4%
		146		3 years	10	6.8%
by Service Lines				***under 2 yrs***	***69***	***13.8%***
A&E	Band 5	17	60.7%	**under 1 year's service**		
	Band 6	5	17.9%	General Surgery & Urology	4	16.7%
	Band 7	5	17.9%	A&E	3	12.5%
	Band 8a+	1	3.6%	Elderly Care	3	12.5%
		28	***19.2%***			
Elderly Care	Blyth	10	47.6%	***Leaving Reason***		
	Derwent	8	38.1%	Relocation	50	34.2%
	Kennet	2	9.5%	Work Life Balance	46	31.5%
	Mgmnt	1	4.8%	Promotion	28	19.2%
		21	***14.4%***	***Retirements***	***10***	***6.8%***
Anaesthetics, Theatres & DSU		15	10.3%			
General Surgery & Urology		10	6.8%	***Destination on Leaving***		
AAU		9	6.2%	NHS Organsiation	56	38.4%
Intensive Care		7	4.8%	*Kings College*	*8*	
Paediatrics & NNU		7	4.8%	*St George's*	*6*	
Trauma & Orthopaedics		7	4.8%	*Guys & St Thomas'*	*4*	
				No Employment	35	24.0%
by Pay Band				Unknown	28	19.2%
Band 5		88	60.3%			
Band 6		27	18.5%	**Age on Leaving**		
Band 7		22	15.1%	20s	70	47.9%
Data as at September 2017						