

Safe Staffing

Trust Board	Item: 10
Date: 11 July 2018	Enclosure: F
<p>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 activities and key areas of focus in developing nursing, midwifery & support staff.</p>	
<p>For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/></p>	
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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
<p>Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/></p>	
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:	Trust Board - 29 November 2017 Trust Board – 7 February 2018
<p>Recommendations:</p> <ul style="list-style-type: none"> 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 June 2018

1. Executive Summary

This report provides the Board with an update on progress with regards to the requirements of the National Safer Staffing Guidance. The key areas of focus include: vacancy rates, recruitment, turnover, sickness levels and the key developments/opportunities for nursing, midwifery and care staff.

This report takes into consideration the need to balance the setting of safe staffing establishments within available resources and demonstrates how this is achieved and monitored.

The recruitment and retention of both registered nurses continues to be challenging locally and across London. However, the Trust continues to proactively review the recruitment processes and seeks to develop innovative concepts to attract staff. Additionally, we continue to recruit from overseas and are participating in the London wide Capital Nurse programme focusing on recruitment and retention of nursing and midwifery staff.

2. Introduction

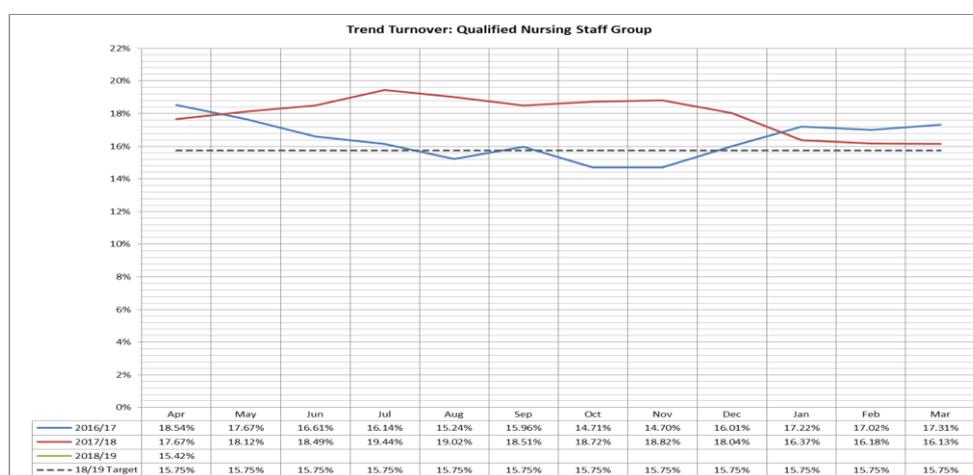
The 'Hard Truths' (2014) publication from the Care Quality Commission (CQC) and NHS England detailed requirements for Acute Provider Trusts to:

- 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 Position

Staffing levels are closely monitored daily in real time at the bed meetings and through the bi-weekly safer staffing meeting chaired by the Deputy Director of Nursing. The Safe Staffing paper is presented to the Nursing, Midwifery & AHP Board which has agenda items escalating staffing concerns.

Registered Nurse turnover is currently 15.42% against the Trust target of 15.75%. This is the lowest rate of turnover for 3 years. In order to maintain this position, we are aiming to ensure the number of new starters is greater than the number of leavers. In May this was achieved with 16 more starters than leavers.



Current vacancy status of registered nurses against recruitment pipeline

The current vacancy rate (based on April data) is 7.83%, this is mitigated by registered nurses in the pipeline inclusive of Internationally Educated Nurses (IENs) detailed below by division.

Current vacancies are:

- a) 37.74 WTE for unplanned care with 68.40 WTE in the pipeline
- b) 23.31 WTE for planned care with 65.17 WTE in the pipeline

In terms of priority areas for recruitment, AAU currently has the highest vacancy rate, with 13 WTE band 5 and 7 WTE band 2 vacancies. Robust recruitment plans are in place and there are 10 IENs due to start over the next three months. This will reduce the current vacancy position whilst local recruitment continues. The vacancy issue has been mitigated using a series of measures which include:-

- a) Redeployment of a 1 WTE band 7 from a ward currently closed. This provides an experienced resource to support the junior band 5 nurses.
- b) Two substantive band 7 nurses on AAU have reduced time spent on managerial duties and increased time in clinical area providing an additional 23 hours of clinical oversight a week.
- c) Recent cohort recruitment for band 2 has identified 2 additional healthcare assistants.
- d) There have been no red flags raised or an increase in reported incidents.
- e) AAU's vacancy position is being closely monitored by the division and through the safer staffing meeting

The number of vacancies within the care of the elderly wards has reduced. Whilst we are still actively recruiting into remaining vacancies, we are not currently requiring using temporary staff. This has been assisted by redeployment of staff from Blyth ward to vacancies for the next 3 months.

IEN recruitment update

There are currently 65 IENs in the pipeline with 28 due to arrive in the next 3 months.

It was noted by the Associate Director of Nursing and Lead Practice Development Nurses that there were delays with the IENs achieving their NMC status, resulting in the Trust incurring significant additional costs. An options appraisal was completed and presented to EMC. It was agreed that the newly opened Test Centre in Ulster would be utilised for undertaking Test of Competence Part 2 (OSCE). This was acted on immediately and has expedited the time to registration and reduced costs saving approximately £8675 per candidate.

The Trust has successfully maintained its 100% pass rate for IENs nurses sitting their Test of Competence Part 2 (OSCEs). This is a significant achievement, as the national pass rate is currently 54%.

Issues around accommodation have been resolved and a longer term solution sourced with staff accessing Kingston University (KU) student accommodation.

A further recruitment trip to the Philippines is scheduled for the end November 2018. This was agreed after a meeting between the Associate Directors of Unplanned and Planned Care, Head of Nursing, Associate Director of Practice Development, Deputy Director of Nursing and the Director of Nursing & Quality.

Current vacancy status of healthcare assistants against recruitment pipeline

The current vacancy rate is 14.55%, this is mitigated by healthcare assistants in the pipeline as detailed below by division.

- a) 33.94 WTE for unplanned care with 5 WTE in the pipeline
- b) 5.00 WTE for planned care with 9.60 WTE in the pipeline

In terms of priority areas for recruitment, care of the elderly currently has the highest vacancy rate (10.10 WTE). Unlike registered nurse vacancies there are currently not enough healthcare assistants' recruited

in the pipeline to cover the vacancies. However, we have a cohort advert out at the moment and a number of applicants. Furthermore there has been significant recruitment of healthcare assistants to the bank.

Maternity Staffing

The current vacancy position is good with 3.40 WTE vacant midwifery posts (1.04% vacancy rate).

Current recruitment includes band 5 and band 6 midwives. The next cohort of student midwives qualify in October 2018 and there is a plan to over recruit as there will be some leavers prior to the next cohort of midwives qualifying. This will enable the department to maintain a ratio of 1:28 which is in line with the recommended staffing levels. This ratio enables the maternity department to focus on improve continuity of care to women and their families (Implementing Better Births: Continuity of Carer. NHS December 2017)

Paediatric Staffing

The paediatric unit currently has 1.0 WTE registered paediatric nurse vacancy. This vacancy is currently out to advert.

The Paediatric Emergency Department (ED) currently has 6.6 WTE band 5 vacancies. There are 4 IENs allocated and due to arrive between June 2018 and August 2018. The paediatric unit have agreed to support ED with the training of 2 of the IENs, thus ensuring quality is not compromised by a junior workforce.

Paediatric ED has also successfully appointed a dedicated paediatric matron, who will provide additional clinical leadership and support to the team and manage the safe staffing of the unit and development of its workforce.

Sickness

Registered Nurse sickness rates are currently below the Trust target of 2.7%. In April 2018 sickness is at 2.35% and Healthcare Assistant sickness rates are 5.60%, this is largely driven by long term sickness and is being managed using the relevant Trust policy.

Qualified Midwives sickness level is currently 3.84% with Maternity Support Workers currently at 5.98%. Whilst this is above the Trust target it is driven by staff on long term sick leave. This is being appropriately managed using the relevant Trust policy.

4. Keeping Staffing Safe & Red Flags

As outlined in the previous Board paper there is a robust process for reviewing safe staffing levels on a daily basis. Red Flags are discussed at the bi-weekly safer staffing meeting and are presented by the matron responsible for the clinical area.

Between February 2018 - May 2018 there have been 3 Red Flags. Two of these relate to cases where the recommended safe staffing ratio fell below the agreed level. This was a consequence of staff being moved to support an area with greater acuity/clinical need. The other red flag related to high acuity, whereby a patient who required cardiac monitoring was moved to a ward without a subsequent increase in staffing to support the change in the acuity on the ward. None of these Red Flags resulted in harm or were deemed detrimental to patient care.

A report on the Red Flags is due to be presented at the July Nursing & Midwifery Board this will incorporate actions taken and provide a further form for shared learning.

5. Unify Data

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 & Quality following validation. The Unify information is taken from the e-roster system.

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.

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.

May Unify and CHPPD data can be found at Appendix 1.

6. Ward staffing reviews

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.

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.

Working on Royal College of Nursing Guidance and professional judgment, in the absence of recommendations on minimal staffing levels, Kingston Hospital following agreement at the February Trust Board the wards are currently working to a minimum of 1:8 nurse to bed ratio in the day, and 1:10 at night (with the exception of AAU and orthopaedics which both have a lower ratio of patients to trained staff).

Appendix 2 provides detail of the average trained nurse to bed ratio for the month of May. To note Blyth did not achieve the 1:8 staffing ratios during the day however it should be noted that this is an average and Blyth as the Medically Optimised for Discharge Ward remain safe with a variant ratio of trained nurses which has been agreed with the Director of Nursing & Quality.

7. Acuity Data

In order to further validate the Trust's agreed staffing ratio a weekly acuity audit was implemented to ensure that the acuity documented on the Patient Tracking List matched the current status of the patient. The acuity audit commenced in May 2018 and is being analysed to ensure the data outputs are rigorous.

The acuity data will be presented monthly at the safer staffing meeting and will contribute to any reviews around staffing ratios. Acuity data will be presented to the Trust Board in the next safe staffing paper.

8. Leaver's analysis of registered nurses

A new stability metric has been introduced for measuring the percentage of staff with over one year of service. The stability measurement for Registered Nurses is currently 87.21%, which is rated green.

Exit interview data is discussed monthly at the safer staffing meeting. However, the number of RN's completing the exit interview survey remains low (11 responses between April 2017 – February 2018). The retention and recruitment group are currently focusing on increasing the 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.

Leaver's analysis of healthcare assistants

The highest proportion of vacant posts is within unplanned care, with elderly care and respiratory the top specialties which is mitigated with temporary staffing solutions. However as with registered nurses, we are driving forward a focus on reviewing the factors that cause staff to leave the organisation, and how we can provide what they need to stay, in terms of career progression or work life balance negotiations.

9. Workforce planning for the future:

Nursing Associates (NA)

The Trust continues to grow the NA workforce with 8 trainees in the pilot group due to complete the programme in January 2019. The NMC have announced that the register will open on 27th January 2019. At this point Kingston Hospital FT will have supported 8 of the first 1000 trainees in the country to gain registration.

A further 8 trainees are due to complete in January 2020. We have forecasted a further 30 trainee posts in the next academic year with fifteen to commence in September 2018 and 15 in January 2019. We are currently recruiting to these places.

The final stage of the NMC Nursing Associate consultation is imminent and changes in statute will occur over the next month, this enables the law to recognise the role and title Nursing Associate. The role will be regulated by the NMC and registrants will comply with a Code in the same way as graduate registered nurses. A new curriculum will be designed in collaboration with KU/SGUL and validated by the NMC. The Associate Director for Practice Development is leading a work stream around public and partner engagement.

Discussions have already commenced via the Director of Nursing & Quality and the safer staffing group to develop a strategy/identify areas where there are opportunities to review current establishments and create opportunities for the NA role on completion of their training.

Student Nurses and Trainees:

The Trust currently have 65 adult and child field students from Kingston University (KU) and 20 from LSBU, in addition to the 16 trainee NA. From September we will host an additional 6 students from LSBU who are engaging in a new four year programme, with year one providing a gateway to the following graduate healthcare programmes. Adult/Child/Mental Health/ Learning Disability Nursing, as well as Midwifery/ Occupational therapy/ Operating Department Practice/ Diagnostic and Therapeutic Radiography. The programme attracts a student loan for tuition and living thereby widening participation by providing an additional route of entry. Rotational programme for NQN has elicited 12 staff.

Training Update

Mentorship:

The Trust needs to increase the mentor stock, to support learners in clinical practice areas to comply with the NMC standards. The Practice Development Team (PDN), in partnership with KU has facilitated a study day to develop the skills and competencies of 20 mentors who are deemed to have met the NMC standard to become a sign-off mentor.

Alongside this there are monthly mentor update sessions to ensure that mentors are updated to the plethora of changes in the provision of undergraduate nursing across a range of roles.

Burdett Project Update:

The Burdett Project is continuing as planned and we have now delivered the programme to two thirds of the nursing workforce (50) within AAU. The team were divided into 3 cohorts of 25 and the data analysis for cohort one has been completed and we are currently collecting cohort two. Cohort 3 commenced at the beginning of June.

In addition to this the research team are conducting focus groups scheduled over July and August to generate qualitative data around the experience from different perspectives.

Workshops and other learning opportunities:

The PDN team continue to deliver a wide range of workshops and real-time simulation as well as supporting career development through 'drop-in' surgeries. Healthcare assistants who are undertaking the Care Certificate are supported through a range of blended learning opportunities. The team support the delivery of a bespoke newly qualified nurse and band 5 induction programmes. Preparations are underway to launch Pan London Preceptorship with the cohort of NQN who commence in Sept/Oct 2018.

10. Conclusion

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. 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 KHFT hospital. However, with the development of the Nursing Associate role there is a real opportunity to review skill mix and establishments which will reduce the reliance on IENs.

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.

11. Recommendations

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 – May 2018

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	92.2%	119.5%	95.2%	121.5%	8.7
Alexandra Ward	115.9%	95.9%	115.2%	161.3%	5.8
Astor Ward	100.2%	90.3%	102.1%	95.2%	5.8
Blyth Ward	97.0%	125.8%	105.1%	123.3%	5.0
Bronte Ward	91.7%	155.2%	100.5%	103.2%	5.2
Cambridge Ward	117.0%	146.5%	114.2%	183.9%	6.4
Canbury Ward	110.4%	114.8%	100.0%	168.8%	7.8
Critical Care	99.5%		98.8%		24.6
Derwent Ward	109.5%	106.3%	109.1%	160.9%	6.4
Hamble Ward	119.9%	123.3%	130.4%	148.4%	6.9
Hardy Ward	107.9%	158.9%	97.8%	245.2%	6.8
Isabella	80.6%	74.7%	97.0%	95.5%	5.4
Keats Ward	125.6%	106.3%	127.7%	101.8%	7.1
Kennet Ward	95.5%	145.5%	100.0%	206.6%	7.0
Neonatal Unit	91.4%		102.8%		30.0
Paediatric Unit	98.7%	128.5%	101.7%	133.3%	10.8
Maternity	96.9%	81.1%	99.1%	75.6%	15.6
Trust Average	100.9%	113.0%	102.7%	122.4%	8.3

Appendix 2 – Average trained nurse to bed ratio for May 2018

Ward	Average RN number on day shift	Average RN number on night shift	Av. Occupied Beds	Average patients to RN Day Shift Ratio	Average patients to RN Night Shift Ratio
AAU	10.2	8.6	40.0	3.9	4.7
Alexandra Ward	4.7	2.2	20.9	4.5	9.4
Astor Ward	5.0	3.1	24.0	4.8	7.8
Blyth Ward	4.2	2.6	28.6	6.8	10.8
Bronte Ward	5.5	3.0	30.9	5.7	10.3
Cambridge Ward	6.1	3.4	32.3	5.3	9.6
Canbury Ward	2.3	2.0	14.7	6.5	7.3
Derwent Ward	5.6	3.2	29.8	5.3	9.2
Hamble Ward	6.0	3.9	30.6	5.1	7.8
Hardy Ward	4.3	2.9	24.3	5.7	8.3
Isabella	3.3	2.1	19.3	5.9	9.2
Keats Ward	6.5	3.8	30.7	4.7	8.0
Kennet Ward	4.8	3.0	29.7	6.2	9.9