NHS
Kent and Medway
NHS and Social Care Partnership Trust

Front Sheet

Title of Meeting	Trust Board	**Date**	June 2018
Title of Paper	Safer Staffing Exception Report		
Author	Teresa Barker – Deputy Director of Nursing and Practice		
Executive Director	Mary Mumvuri, Executive Director of Nursing and Quality		

Purpose: the paper is for:	• **Delete as applicable**
• **Noting**	

Recommendation:
The Board is asked to note the information provided in this report.

Summary of Key Issues:	• **No more than five bullet points**

- In-patient ward fill rates are reported to Unify on a monthly basis

- Exceptions are reported as below 80% and above 130%

- Average May 2018 data for KMPT sits inside the exception percentages

- Care groups report that their exceptions are the result of enhanced observations, vacancies, inadequate temporary staffing availability and enhanced numbers of patients requiring treatments that require extra staffing (ECT as one example)

- The organisation is supporting a number of initiatives to address safer staffing including Care Hours Per Patient Day, NHSI Retention programme and Health Roster Safe Care – all of which aim to support a stabilisation of efficient rosters that adequately address acuity and demand

Report History:
Regular report to Board

Strategic Objectives:	• Select as applicable

☒ Consistently deliver an outstanding quality of care

☒ Recruit retain and develop the best staff making KMPT a great place to work

☒ Put continuous improvement at the heart of what we do

☐ Develop and extend our research and innovation work

☐ Maximise the use of digital technology

☐ Meet or exceed requirements set out in the Five Year Forward View

☒ Deliver financial balance and organisational sustainability

☐ Develop our core business and enter new markets through increased partnership working

☐ Ensure success of our system-wide sustainability plans through active participation, partnership and leadership

Implications / Impact:
Patient Safety:
Safe Staffing levels ultimately support patient safety
Identified Risks and Risk Management Action:
High vacancies and unplanned leave, along with a lack of available temporary workforce are some of the factors that put safe staffing levels at risk.
Resource and Financial Implications:
Effective rostering results in effective use of resources and finance
Legal/ Regulatory:
Patient safety incidents whereby staffing levels are a factor could result in claims and regulatory body concerns
Engagement and Consultation:
Care Group colleagues have been involved in providing narrative to support this report
Equality:
NA
Quality Impact Assessment Form Completed: No

1. Background and context

This report provides the Board with exceptions in respect of Safer Staffing for all in-patient wards. The exceptions are based on May 2018 Unify Data, reporting nursing levels below 80% and above 130% and gives information about actions being taken to address these levels.

Each wards average Registered Nurse (RN) and Health Care Assistant (HCA) average fill rates for day and night shifts are uploaded externally on Unify on a monthly basis (See Appendix) and the data is available to the public through NHS Choices.

Across the organisations inpatient wards in May 2018, the average fill rates are as shown below:

	RN DAY	HCA DAY	RN NIGHT	HCA NIGHT	Total
Averages	91.7%	106.6%	96.9%	115.6%	101.4%

Staffing fill rates exceptions per care group

Acute Care Group:

The Acute Care Group (ACG) have 11 wards. Of these wards, 2 wards have operated at above 130% average staffing levels and 0 wards have operated at below 80% average staffing levels. The average fill rate for registered nurses has not dropped below 80% or gone above 130% in May 2018. The average fill rate for HCA's has gone above 130% on 5 wards. There are a number of reasons given by the care group for high fill rates, including:

- Patients on enhanced levels of observations (due to the risk of self-harm, falls, privacy and dignity, and aggression and violence)
- High numbers of patients requiring ECT
- Registered nursing vacancies leading to increased numbers of unregistered staff being booked (when registered nurses are unavailable via NHSp or agency)
- The Willow Suite seclusion room being out of commission and requiring an additional unregistered worker on shift to support patient and staff safety.

Older Adult Care Group

The Older Adult Care Group (OACG) has 7 wards. Of these wards, 0 wards have operated at below 80% or above 130% average staffing levels. One OACG ward has operated with less than 80% unregistered workers on day shift. This is appropriate, due to the ward caring for just 7 patients on a 12 bedded unit currently (Hearts Delight at the Frank Lloyd Unit). One ward has operated below 80% registered nurses on night shift, in part due to a RN vacancy which has been filled,

with the nurse due to start in post in August 2018. In this case, when an RN has been unavailable to fill the vacant shift, the ward has increased staffing levels with an unregistered worker.

Community Recovery Care Group

The Community Recovery Care Group (CRCG) has 6 inpatient rehabilitation wards. Of these wards, 0 wards have operated at above 130% average fill rate. 1 ward (The Grove) has operated below 80% average staffing level. This is in relation to RN staffing levels, caused by vacant posts. The Care Group are addressing this by active recruitment, as well as clinicians and leaders from all disciplines working on the ward as and when required.

Forensic and Specialist Services Care Group (FSSCG)

The Forensic and Specialist Services Care Group has 9 wards. Of these 0 have gone above 130% average fill rates in May 2018, with one ward dropping below 80% average fill rate. This is Bridge House and refers to RN staffing levels. RN staffing levels have been below 80% on day shifts on 4 wards during day shifts in May 2018. This is due to vacancy, and staff sickness, and also depending on occupied bed numbers for Bridge house, staffing numbers fluctuate throughout the month according to patient need. The Care Group are addressing this by actively recruiting to vacancies, and clinical nurse/detox managers working clinically on shift where required. There have been multiple new starters coming into post in the last one month and further new starters scheduled to start in post in the next 2 months.

2. **Projects to address current staffing levels**

Care Hours Per Patient Day

As part of their Operational Productivity programme, NHSI collected rostering data from Mental Health and Community Trusts in September 2017. KMPTs HR department submitted staffing data by inpatient ward and this has been used to calculate Care Hours Per Patient Day (CHPPD); NHSI's consistent measure of recording and reporting deployment of staff providing care on inpatient wards.

Early findings are that there are a large number of our wards (especially those in our Acute Care Group) that are above the national average for similar wards. The Trust's Executive Director of Finance (EDoF) has commissioned a review of this data with each Care Group; resulting initially in care group CHPPD review workshops with each care group between June and July 2018. This will be facilitated by the EDoF, supported by the Trust's Deputy Director of Nursing and Practice. The outcomes associated with this work will be reported to the Executive Management Team and to Board by the EDoF following the completed workshops. As has been found in other NHS organisations, early signs are that efficiencies in rostering may result in Cost Improvement Scheme potential.

NHSI retention programme

The NHSI retention programme continues, with the Trust now being in its 8th month of the 12 month programme. The Trust, with support from the operational and clinical lead from NHSI have agreed a number of work streams that aim to reduce our turnover by 2% initially; the aim being to stabilise KMPT workforce and ultimately reduce temporary staffing usage. A working group that consists of members from all care groups and professions, with corporate support functions included, meet on a monthly basis to proceed with this work. The Deputy Director of Nursing & Practice, with the Deputy Director of HR lead this programme for the organisation.

Safe Care Pilot

'Health Roster Safe Care' gives visibility across all wards and departments allowing leaders to maintain safe and compliant patient care based on patient numbers, acuity and dependency. A pilot project of the use of the Safe Care system started in KMPT in March 2018 and continues on 4 wards across Acute, Older Adult and Forensic Wards. Priority is currently being given to ensure fidelity to the use of the system, and the development of a Safe Care dashboard. Successful use of the Safe Care system will allow us as an organisation to better understand staffing levels against acuity and demand. Upon the successful completion of the Safe Care pilot, Board will be provided with a further report detailing our findings from our pilot and our forward plans.

Appendix

Service Line	Ward name	May-18				Average Ward Overall Fill Rate %
		Day		Night		
		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
Acute	Amberwood	121.9%	189.1%	101.3%	146.3%	**146.1%**
Acute	Bluebell	80.9%	113.1%	96.5%	104.2%	**99.4%**
Acute	Boughton	102.0%	145.8%	97.0%	107.7%	**117.4%**
Acute	Chartwell	100.9%	109.2%	98.2%	140.3%	**110.6%**
Acute	Cherrywood	115.7%	172.4%	100.2%	140.6%	**137.2%**
Acute	Fern	86.1%	110.6%	88.8%	119.4%	**101.9%**
Acute	Foxglove	82.5%	148.1%	98.5%	119.8%	**115.3%**
Acute	Pinewood	85.2%	94.8%	101.9%	116.4%	**95.8%**
Acute	Samphire	82.6%	104.9%	96.3%	100.0%	**96.7%**
Acute	Upnor	114.1%	150.5%	95.6%	135.6%	**127.4%**
Acute	Willow Suite	85.6%	167.7%	103.2%	164.8%	**125.6%**
Community Recovery	111 Tonbridge Road	149.0%	114.9%	109.7%	113.2%	**123.8%**
Community Recovery	**Ethelbert Road**	110.3%	70.8%	100.0%	100.4%	**89.0%**
Community Recovery	**Newhaven Lodge**	88.9%	117.2%	71.0%	99.0%	**95.8%**
Community Recovery	**Rivendell**	71.0%	95.1%	99.8%	100.1%	**89.4%**
Community Recovery	Rosewood Lodge	110.4%	100.2%	103.7%	113.3%	**105.1%**
Community Recovery	**The Grove**	60.7%	66.7%	100.0%	100.0%	**73.3%**
Forensic & Specialist	Allington Centre	107.3%	108.3%	124.4%	113.1%	**110.9%**
Forensic & Specialist	**Bridge House**	72.8%	54.1%	97.7%	99.8%	**70.7%**
Forensic & Specialist	**Brookfield Centre**	56.5%	100.6%	99.8%	100.9%	**88.3%**
Forensic & Specialist	**Emmetts**	61.5%	90.2%	139.8%	135.8%	**95.5%**
Forensic & Specialist	Groombridge	99.7%	99.3%	99.2%	144.5%	**108.0%**
Forensic & Specialist	Marle	90.3%	101.5%	100.7%	93.5%	**97.5%**
Forensic & Specialist	**Penshurst**	90.7%	104.9%	74.1%	129.6%	**104.4%**
Forensic & Specialist	Riverhill	100.0%	82.7%	99.9%	87.1%	**88.3%**
Forensic & Specialist	**Walmer**	57.0%	95.5%	68.2%	120.3%	**86.8%**
Older Adult	**Cranmer**	93.1%	94.2%	72.4%	100.0%	**92.1%**
Older Adult	**Frank Lloyd**	95.2%	59.5%	100.2%	141.5%	**84.7%**
Older Adult	Jasmine	84.4%	90.8%	84.0%	107.3%	**92.0%**

Service Line	Ward name	May-18				Average Ward Overall Fill Rate %
		Day		Night		
		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
Older Adult	Ruby Ward	97.0%	99.6%	84.4%	119.0%	**99.7%**
Older Adult	Sevenscore	91.6%	84.5%	88.7%	96.7%	**89.0%**
Older Adult	The Orchards	91.3%	94.0%	102.3%	100.2%	**96.0%**
Older Adult	Woodchurch	91.2%	88.3%	100.0%	102.9%	**93.2%**

Averages	May-18				
	RN DAY	HCA DAY	RN NIGHT	HCA NIGHT	Total
	91.7%	**106.6%**	**96.9%**	**115.6%**	**101.4%**