

The Publication of Nurse staffing Data – June 2019

In accordance with National Quality Board and NHSI requirements to provide assurance on safe staffing the Trust has published monthly reports detailing planned and actual staffing on a shift by shift basis for the previous month and presented monthly to the Board since May 2014 as part of the Integrated Performance Report. The data is reported externally via Unify2 and is also published on a dedicated area of the Trust website and to the relevant hospital profile on NHS Choices. Reported data is derived from the Healthroster system which shows an average overall fill rate of 103.4% compared to 101.9% in May-19.

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to May-19 and within the control limits. The range is from around 5.0 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

Figure 1 shows % hours filled against planned by ward. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and contingency bed use. All agency hours worked have been included in this report along with the majority of all Managed Service agency shifts and retrospective shifts.

Figure 1. % hours filled against planned and CHPPD by ward during June-19

Cancer	DAY		NIGHT		Care Hours Per Patient Day (CHPPD)			Unavailability %						
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Registered midwives/ nurses	Care Staff	Overall	A/L Registered	Unregistered	Sickness Registered	Unregistered	Parenting Registered	Unregistered	
Cancer														
KC Brabourne Haematology Ward	89%	68%	100%	N/A	11.86	1.96	13.82	13.20%	17.50%	1.80%	23.30%	7.40%	0.00%	
GSM														
WH Cambridge J2 Ward	116%	151%	176%	138%	4.83	3.28	8.10	6.50%	5.90%	15.40%	10.30%	0.00%	0.00%	
WH Cambridge K Ward	90%	134%	98%	108%	3.44	3.52	6.96	9.30%	14.20%	1.70%	0.00%	0.10%	0.00%	
Cambridge M1	109%	105%	107%	100%	3.91	2.45	6.36	13.70%	16.60%	2.10%	2.00%	0.03%	0.00%	
WH Cambridge M2 Ward	109%	105%	107%	100%	3.72	2.32	6.04	13.70%	16.60%	2.10%	2.00%	0.03%	0.00%	
QE Coronary Care Unit	85%	109%	100%	100%	4.68	2.67	7.34	10.00%	13.30%	10.30%	2.40%	0.00%	0.00%	
WH Oxford Ward	98%	99%	100%	150%	4.62	3.16	7.78	10.20%	15.30%	8.50%	1.20%	6.50%	0.00%	
QE Sandwich Bay Ward	96%	179%	100%	223%	3.17	3.70	6.87	15.70%	17.30%	6.30%	4.80%	1.70%	0.00%	
QE St Margarets Ward	93%	126%	97%	149%	2.39	3.38	5.77	11.30%	9.20%	0.00%	28.90%	0.00%	5.40%	
QE Deal Ward	88%	164%	97%	151%	2.27	3.24	5.51	18.70%	12.70%	4.20%	4.70%	13.80%	7.70%	
KC Harvey Neurorehab	75%	87%	92%	120%	2.50	2.88	5.38	14.90%	15.00%	1.80%	1.80%	7.60%	0.00%	
KC Invicta Ward	79%	199%	102%	140%	2.67	3.78	6.45	9.90%	9.70%	9.50%	20.00%	0.00%	0.00%	
WH Cambridge L Rehab Ward	119%	113%	198%	153%	4.09	3.89	7.98	9.20%	16.50%	1.90%	2.40%	0.00%	0.00%	
KC Treble Ward	63%	105%	87%	110%	2.98	4.11	7.09	8.90%	13.40%	21.60%	2.20%	0.00%	0.00%	
KC Mount McMaster	61%	230%	106%	136%	2.08	3.20	5.28	13.90%	18.90%	10.40%	2.40%	2.60%	0.00%	
QE Fordwich	81%	111%	96%	170%	3.20	3.70	6.90	14.40%	15.40%	2.30%	3.70%	0.00%	0.50%	
KC Kingston	49%	147%	99%	143%	1.93	3.78	5.71	11.30%	10.10%	3.00%	3.00%	0.00%	1.90%	
WH Richard Stevens Stroke Unit	97%	134%	107%	183%	4.32	4.57	8.89	11.80%	13.70%	1.10%	4.30%	4.80%	0.00%	
KC Harbledown Ward	63%	137%	100%	144%	2.26	3.28	5.54	14.40%	9.70%	0.10%	13.70%	7.50%	0.00%	
QE St Augustine Ward	64%	162%	98%	157%	1.94	3.44	5.38	9.40%	10.90%	6.40%	4.40%	8.60%	0.00%	
WH Bartholomew	98%	106%	99%	97%	8.23	3.22	11.45	11.00%	12.30%	3.50%	2.70%	9.20%	0.00%	
QE Quex Ward	64%	134%	85%	157%	2.02	3.26	5.28	10.50%	16.30%	3.20%	4.40%	7.30%	0.00%	
WH Kings C2	90%	89%	97%	86%	3.55	2.22	5.77	6.70%	4.60%	0.00%	9.70%	15.80%	7.40%	
KC Marlowe Ward	100%	99%	93%	106%	4.69	2.79	7.48	14.00%	9.70%	1.70%	21.10%	10.40%	0.00%	
S&A														
QE Cheerful Sparrow Female	98%	130%	102%	181%	2.63	4.57	7.20	12.30%	14.50%	14.20%	2.80%	0.00%	7.90%	
KC Clarke Ward	78%	150%	100%	103%	2.78	3.18	5.96	11.50%	5.90%	1.70%	3.50%	7.90%	0.00%	
QE Cheerful Sparrow Male	134%	112%	99%	182%	2.47	4.08	6.55	12.00%	12.70%	4.80%	13.20%	0.00%	0.00%	
KC Kent Ward	95%	121%	104%	117%	3.89	3.04	6.93	10.70%	13.80%	2.80%	5.40%	0.00%	7.70%	
WH Kings B	97%	97%	97%	96%	2.95	2.71	5.66	9.60%	15.60%	5.40%	3.40%	0.00%	0.00%	
WH Kings A2	96%	118%	95%	193%	3.09	3.19	6.29	13.30%	6.90%	5.90%	6.60%	6.00%	7.70%	
WH Kings C	111%	122%	100%	104%	3.09	2.80	5.89	17.20%	7.30%	3.30%	2.10%	0.00%	0.00%	
WH Kings D	97%	121%	84%	121%	3.23	3.13	6.36	15.60%	14.90%	2.60%	6.90%	0.00%	0.00%	
QE Bishopstone	70%	114%	97%	129%	2.45	3.66	6.11	14.50%	9.70%	0.00%	1.30%	6.40%	0.00%	
KC St Lawrence	50%	119%	83%	65%	4.30	4.32	8.62	14.90%	15.10%	1.80%	12.80%	4.70%	0.00%	
QE Seabathing	61%	162%	105%	111%	2.39	5.04	7.43	13.10%	10.70%	10.90%	4.90%	0.00%	4.80%	
WH Critical Care	98%	114%	91%	N/A	25.79	1.89	27.68	13.70%	5.90%	2.70%	6.10%	3.10%	0.00%	
KC Critical Care	86%	N/A	92%	N/A	20.28	0.52	20.80	12.70%	20.60%	4.60%	0.00%	0.00%	0.00%	
QE Critical Care	77%	100%	81%	95%	19.50	3.33	22.83	12.10%	14.00%	3.50%	0.00%	5.60%	0.00%	
SHN														
WH Rotary Suite	102%	127%	106%	197%	4.32	4.42	8.74	12.90%	13.80%	1.60%	7.20%	7.20%	6.70%	
UEC														
KC MIU	92%	105%	92%	N/A				19.30%	9.40%	6.90%	0.00%	0.00%	0.00%	
WH CDU/Bethersden	79%	97%	91%	97%	6.45	3.83	10.28	10.40%	6.00%	7.80%	13.10%	5.80%	5.00%	
QE Minster+QE CDU	90%	129%	101%	103%	8.82	8.34	17.16	17.30%	15.00%	1.10%	2.70%	0.00%	4.80%	
W&C														
WH NICU	84%	88%	83%	27%	13.64	1.75	15.39	15.00%	13.00%	7.00%	3.60%	2.70%	0.00%	
WH Padua Ward	100%	-2443%	113%	N/A	8.93	0.21	9.14	11.20%	11.20%	4.30%	10.10%	4.20%	0.00%	
QE Rainbow Ward	110%	N/A	94%	N/A	8.43	0.97	9.40	14.00%	12.30%	0.90%	2.30%	3.80%	5.90%	
QE Birchington Ward	93%	125%	97%	199%	3.64	2.99	6.63	8.50%	13.70%	0.00%	6.60%	0.00%	0.00%	
WH Kennington Ward	105%	103%	98%	N/A	4.59	2.70	7.29	15.20%	3.30%	8.30%	0.00%	0.00%	0.00%	
WH Maternity Labour and Folkestone	100%	69%	98%	62%	23.75	6.64	30.39	11.40%	10.80%	8.40%	7.60%	2.50%	1.00%	
MLU WHH	101%	98%	102%	97%	27.13	12.87	40.00	16.60%	6.90%	0.00%	12.70%	0.00%	18.10%	
QE Maternity Wards	97%	109%	97%	65%	16.48	4.33	20.81	10.60%	38.40%	3.90%	12.80%	2.20%	0.00%	
QE MLU	103%	90%	94%	97%	48.63	22.69	71.32	12.70%	20.60%	0.50%	7.90%	0.00%	0.00%	
QE SCBU	112%	74%	87%	43%	12.10	2.47	14.57	9.20%	20.10%	14.40%	1.60%	5.40%	0.00%	

Lower fill rates are largely linked to vacancies and sickness, as well as parenting leave. Annual leave spread is monitored to ensure consistent 11-17% rates and RAG rating for unavailability is provided below. Fill to vacant shifts is requested via the Healthroster interface with NHSP but poor shift fill by bank and agency in some wards requires mitigating actions to ensure quality and patient safety. Detail on key quality indicators are included by ward within the heat map report.

Annual Leave	<11.0%
	>17.0%
Sickness	>2.5%
Parenting	>3.0%

Low registered nurse day shift fill rates are seen on several wards (Eight wards at K&C, five wards at QEQM and one ward at WHH) which reflects high vacancy levels, sickness and parenting leave. CHPPD was maintained above 5.0 on all these wards. Risks are currently mitigated through staff moves, increased use of support workers, temporary staff and Matron support:

- The low RN fill rate seen on St Lawrence is planned due to the ward not currently running at full capacity;
- The low RN fill rate seen on Kingston is planned due to the funded establishment exceeding requirement due to temporarily being a stroke ward rather than a hyper acute stroke unit.
- Analysis of our quality metrics and heatmap for May does (June was not available at the time of the report) not show any clear correlation between staffing levels and harm for the wards showing low fill rates with the exception of:
 - Three wards reported less than 100% harm free care through the safety thermometer (Seabathing 96.4%, Harvey 93.8% and Treble 94.1%).
- The key risk areas are:
 - **At WHH** three wards (Cambridge J & M1 and Kings C2) are re-established or reconfigured medical wards. This has led to the creation of around 40 band 5 vacancies. Whilst recruiting to the funded posts, a managed service is providing agency staff to ensure patient safety. Substantive ward managers are in place and Matrons ensure staff swaps, with other wards, to ensure that permanent staff are on each shift. An additional Matron has been recruited to support the additional wards and is prioritising recruitment to the managed service areas.
 - **At K&C** Matrons are focused on improving succession planning and have recruited two new matrons, three ward managers and several band 6 sisters three months ago. Ward staffing profiles are flexed according to patient need and over-recruitment to support worker posts is undertaken to ensure patient safety.
 - **At QEQM** Quex, Sandwich Bay and St Margarets have the highest vacancies. These are being managed with some over-recruitment of support workers due to reduced availability of registered nurses.

Actions in place include:

- The use of Safecare, which allows the live capture of patient acuity and dependency and improved matching of staffing to demand with staff moves to areas of highest need, although embedded, has further potential to be better utilised to optimise safe staffing. A masterclass is planned with senior nurses on 15 August to support this;
- Skill-mix changes are made, such as using a healthcare assistant if a registered nurse is not available. This explains why some fill rates are high for 'Care Staff';
- The annual staffing review will be reported in August to the Strategic Workforce Committee;
- Work continues to address current band 5 vacancy levels in Urgent and Emergency Care (18wte), General and Specialist Medicine (98wte) and Surgery and Anaesthetics (58wte). The vacancy level has increased in medicine due to the recent approval of several business cases to support wards currently staffed with a managed service.
- The Trust has a proactive nursing workforce recruitment programme with over 120 band 5 nurses recruited since April-18. Two dedicated Matrons are currently focusing solely on recruitment and retention;
- Senior matrons are reporting challenges with high acuity and high dependency being mixed on the same wards and have suggested some ward reconfiguration to support lower skill-mix in areas of high dependency (to focus on planning for discharge) to enable a richer skill mix focused on acutely unwell patients;
- There is a daily focus via safety huddles of the paediatric staffing in the wards and ED. The actions and mitigations are reported by noon each day to the Chief Nurse, Medical Director and Chief Operating Officer;
- The twice daily site reports make staffing risks and mitigations visible to managers, leaders and the Executive team.