

The Publication of Nurse staffing Data – September 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 98.7% compared to 99.6% in Aug-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 Aug-19 but slightly below 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 Aug-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	88%	73%	100%	N/A	11.31	2.00	13.31	11.80%	8.80%	5.50%	23.30%	7.80%	0.00%	
GSM														
WH Cambridge J2 Ward	95%	92%	104%	127%	3.44	3.54	6.98	15.00%	11.80%	8.60%	11.80%	2.90%	0.00%	
WH Cambridge K Ward	98%	114%	106%	105%	3.74	3.15	6.89	12.60%	15.80%	2.40%	8.10%	0.04%	5.10%	
Cambridge M1	94%	107%	100%	100%	3.47	2.45	5.92	16.60%	14.70%	1.60%	13.10%	0.07%	0.00%	
WH Cambridge M2 Ward	94%	107%	100%	100%	3.29	2.32	5.62	16.60%	14.70%	1.60%	13.10%	0.07%	0.00%	
QE Coronary Care Unit	77%	117%	98%	100%	4.48	2.79	7.27	15.60%	16.70%	9.50%	3.20%	0.00%	0.00%	
WH Oxford Ward	100%	100%	97%	186%	4.50	3.35	7.85	14.90%	7.10%	9.70%	21.70%	7.70%	0.00%	
QE Sandwich Bay Ward	108%	153%	135%	226%	3.74	3.36	7.10	15.50%	10.20%	0.00%	0.40%	7.00%	7.30%	
QE St Margarets Ward	96%	109%	100%	145%	2.42	3.43	5.85	15.60%	16.00%	0.00%	23.20%	0.00%	6.10%	
QE Deal Ward	86%	120%	100%	147%	2.24	2.68	4.92	7.30%	16.70%	5.30%	4.10%	15.00%	12.30%	
KC Harvey Neurorehab	76%	104%	98%	187%	2.72	3.86	6.59	16.70%	15.70%	6.60%	23.50%	0.60%	0.00%	
KC Invicta Ward	67%	168%	98%	149%	2.62	3.74	6.36	11.50%	13.10%	26.10%	24.40%	0.00%	0.00%	
WH Cambridge L Rehab Ward	88%	102%	100%	135%	2.63	3.46	6.09	17.20%	9.90%	1.10%	2.40%	0.00%	0.00%	
KC Treble Ward	38%	47%	59%	32%	3.57	4.62	8.20	7.40%	15.70%	4.70%	0.00%	2.30%	4.90%	
KC Mount McMaster	54%	169%	77%	117%	2.33	3.61	5.94	14.10%	11.80%	2.60%	1.40%	0.50%	7.40%	
QE Fordwich	76%	153%	96%	179%	3.11	4.97	8.08	17.70%	13.50%	8.10%	7.50%	0.00%	0.00%	
KC Kingston	64%	146%	103%	135%	3.21	4.56	7.77	12.20%	11.80%	15.30%	5.80%	0.00%	0.00%	
WH Richard Stevens Stroke Unit	87%	89%	100%	174%	3.83	3.57	7.40	14.10%	22.10%	8.60%	10.30%	4.80%	0.00%	
KC Harbledown Ward	55%	133%	100%	152%	2.60	4.15	6.75	14.10%	17.10%	1.20%	10.00%	16.20%	0.00%	
QE St Augustine Ward	76%	129%	100%	139%	2.13	3.44	5.56	9.40%	13.40%	0.00%	11.50%	7.90%	0.00%	
WH Bartholomew	97%	112%	98%	127%	3.55	2.55	6.10	10.30%	8.20%	0.80%	10.90%	10.40%	0.00%	
QE Quex Ward	65%	126%	97%	145%	2.09	3.06	5.15	9.80%	11.20%	1.50%	5.60%	8.20%	2.40%	
WH Kings C2	96%	92%	90%	103%	3.39	2.33	5.72	12.60%	10.30%	3.20%	7.50%	0.00%	0.00%	
KC Marlowe Ward	96%	106%	87%	103%	4.25	2.80	7.05	12.90%	8.60%	6.30%	10.40%	11.20%	0.00%	
S&A														
QE Cheerful Sparrow Female	90%	109%	102%	148%	2.40	3.57	5.97	18.50%	15.70%	7.50%	14.00%	0.00%	0.00%	
KC Clarke Ward	76%	121%	101%	106%	3.13	3.34	6.47	9.60%	12.50%	2.40%	5.40%	7.90%	6.30%	
QE Cheerful Sparrow Male	103%	98%	90%	157%	2.12	3.60	5.71	14.10%	12.40%	10.90%	14.10%	0.00%	0.00%	
KC Kent Ward	87%	119%	100%	102%	4.33	3.41	7.75	14.20%	13.30%	0.00%	10.10%	5.10%	7.80%	
WH Kings B	103%	117%	110%	113%	3.03	2.99	6.02	15.10%	14.90%	7.90%	3.50%	0.00%	5.60%	
WH Kings A2	101%	111%	100%	172%	3.17	2.91	6.08	24.30%	14.90%	1.40%	8.40%	0.00%	3.80%	
WH Kings C	98%	126%	100%	103%	2.78	2.80	5.58	18.00%	11.80%	7.10%	12.60%	0.00%	0.00%	
WH Kings D	100%	121%	105%	115%	3.31	3.18	6.49	16.50%	14.20%	2.70%	1.60%	0.00%	0.00%	
QE Bishopstone - split	70%	124%	95%	157%	2.36	3.77	6.13	15.20%	17.30%	8.90%	0.00%	6.50%	0.00%	
KC St Lawrence Ward	50%	52%	88%	45%	6.58	4.48	11.06	17.90%	21.40%	2.70%	14.30%	4.70%	0.00%	
QE Seabathing	59%	162%	90%	120%	2.33	5.02	7.35	8.30%	9.30%	7.00%	12.20%	0.00%	5.10%	
WH Critical Care	100%	76%	85%	N/A	25.64	1.35	27.00	12.30%	21.00%	1.30%	2.20%	2.70%	0.00%	
KC Critical Care	92%	N/A	87%	N/A	27.43	0.67	28.10	13.80%	14.10%	4.80%	0.00%	2.80%	0.00%	
QE Critical Care	78%	65%	68%	110%	21.77	3.28	25.05	16.30%	20.40%	5.40%	4.60%	2.40%	7.50%	
SHN														
WH Rotary Suite	87%	107%	94%	107%	4.07	3.37	7.44	18.70%	16.30%	0.00%	4.00%	4.50%	8.50%	
UEC														
KC MIU	81%	76%	100%	N/A				13.70%	18.80%	14.20%	44.90%	0.00%	0.00%	
WH CDU/Bethersden	69%	99%	91%	99%	7.55	5.79	13.35	14.10%	11.10%	9.70%	5.70%	3.80%	3.60%	
QE Minster+QE CDU	91%	115%	103%	115%	9.05	9.37	18.42	27.10%	25.90%	7.30%	8.70%	0.00%	4.80%	
W&C														
WH NICU	81%	76%	83%	37%	13.08	1.66	14.73	12.70%	13.80%	7.30%	0.70%	4.00%	0.00%	
WH Padua Ward	107%	N/A	114%	N/A	7.11	0.08	7.19	10.30%	15.60%	4.30%	0.00%	2.20%	0.00%	
QE Rainbow Ward	98%	N/A	96%	N/A	9.35	0.34	9.68	12.50%	15.20%	3.30%	3.10%	6.40%	7.00%	
QE Birchington Ward	81%	145%	94%	205%	3.14	3.14	6.28	15.60%	14.20%	10.00%	3.10%	0.00%	0.00%	
WH Kennington Ward	97%	114%	97%	N/A	4.03	2.90	6.93	17.40%	18.70%	9.30%	1.20%	0.00%	0.00%	
WH Maternity Labour and Folkestone	105%	78%	96%	97%	22.11	5.56	27.67	12.40%	19.10%	7.90%	3.50%	1.60%	0.00%	
MLU WHH	105%	98%	103%	100%	45.28	20.86	66.14	16.70%	8.80%	8.80%	0.00%	0.00%	19.00%	
QE Maternity Wards	99%	54%	98%	45%	15.04	2.90	17.93	14.40%	44.70%	3.00%	14.30%	0.00%	0.00%	
QE MLU	113%	96%	99%	90%	28.71	12.62	41.33	13.90%	16.40%	0.00%	0.00%	0.00%	0.00%	
QE SCBU	116%	79%	98%	63%	12.49	2.81	15.29	17.50%	15.60%	1.50%	2.40%	7.50%	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 analysed 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, seven wards at QEQM, 1 ward at WHH) which reflect 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;
- Analysis of our quality metrics and heatmap for August (September not yet available) does not show any clear correlation between staffing levels and harm for the wards showing low fill rates with the exception of:
 - One ward shows <100% Harm Free Care-New Harms (Quex 96.2%).
 - One ward shows higher than expected numbers of patients not recommending our services to their Friends and Family (Seabathing 2.8%).
- The key risk areas are:
 - **At WHH** three wards (Cambridge J & M1 and Kings C2) are re-established or reconfigured medical wards. This led to the creation of around 40 band 5 vacancies. Whilst recruiting to the funded posts (25 band 5 still being recruited to), 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** there are high vacancies across most wards and Matrons are focused on improving succession planning and flexing of ward staffing profiles according to patient need with over-recruitment to support worker posts undertaken to ensure patient safety. MountMcMaster and Invicta are the main wards causing concern. Opening of previously closed beds on MountMcMaster and the ward manager post vacancy on Invicta are key challenges.
 - **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 was held with senior nurses in August to support this and improvement will be steered through a task and finish group;
- 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 has been reported to the Chief Nurse;
- Work continues to address current band 5 vacancy levels particularly in Urgent and Emergency Care (22 wte), General and Specialist Medicine (77wte) and Surgery and Anaesthetics (62wte). The vacancy level has increased in medicine due to approval of several business cases to support wards currently staffed with a managed service;
- The Trust has a proactive nursing workforce recruitment programme. Two dedicated Matrons are currently focusing solely on recruitment and retention and an overseas campaign is planned to recruit 40 nurses by end 2019/20. 35 overseas nurses have been supported to achieve their NMC PIN so far this year and 45 newly qualified nurses have joined the Trust in September;
- Pharmacy Assistants have been recruited to support some medical wards with medicines management, releasing nursing time to lead care interventions and to mitigate against high vacancy levels. A plan is underway to recruit 40 mental health support workers to further support wards with patients who require enhanced observation due to challenging behaviour;
- 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.