The Publication of Nurse staffing Data – April 2017

Introduction

In accordance with National Quality Board requirements to provide assurance on safe staffing the Trust is publishing staffing data in the following ways:

- Information about nurses, midwives and care staff deployed, by shift, against planned levels has been displayed at ward level since April 2014. The levels are displayed using a red, amber green status; green depicts staffing levels are as planned; amber depicts that the ward is slightly short staffed but not compromised; red rag rating depicts an acute shortage for that shift. The display allows staff to explain the reasons for any shortage and also what actions they have taken to mitigate the situation, thereby offering assurance to patients and visitors.
- Ward staffing reviews are now repeated annually and the latest 6 monthly update was reported to the Strategic Workforce Committee on January 30th 2017.
- Monthly reports detailing planned and actual staffing on a shift by shift basis for the previous month have been presented monthly to the Board since May 2014. This report is also published on the Trust website and to the relevant hospital webpage on NHS choices.

Following the Carter review, Care Hours Per Patient Day (CHPPD) are also required to be reported from May-16, to relate actual staffing to patient numbers, shown in figure 1 and 4 by site, and in figure 3 by ward. This enables the calculation of Cost per Care Hour (CPCH) and the reporting of the cost of care delivered by Registered Nurses, Midwives, and care workers on inpatient wards. Costs recorded for each staff group include pay costs, including the costs of unproductive time (e.g.training, annual leave, sickness, maternity leave and paternity leave).

Planned and actual staffing

National Quality Board guidance published in May 2014 outlined the requirement for % fill of planned and actual hours to be identified by registered nurse and care staff, by day and by night, and by individual hospital site. Reported data is derived from the E-Rostering and NHS-Professionals systems and aggregated fill rates in April are over 99% at WHH and exceed 100% at K&C and QEQM, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during Apr-17
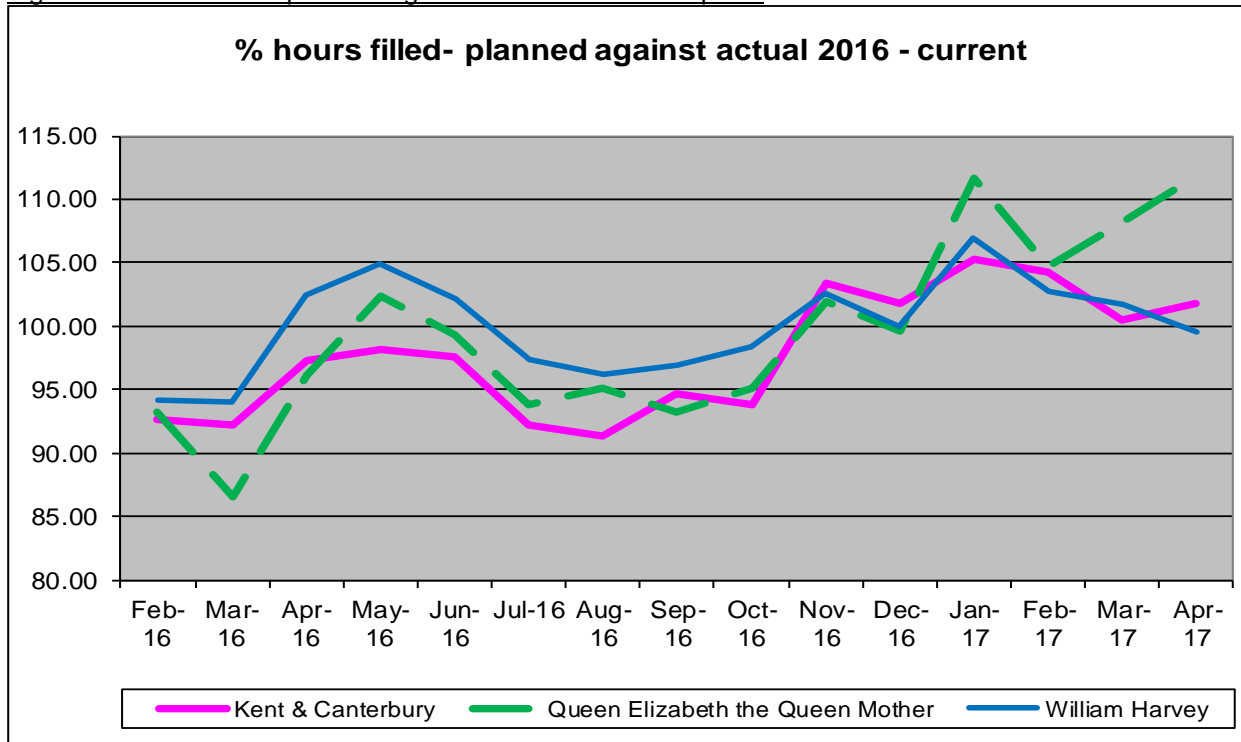
Hospital site	% Hours filled - planned against actual Apr-17					Care Hours Per Patient Day (CHPPD) Apr-17			
	DAY		NIGHT						
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Overall % hours filled	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Kent & Canterbury	87.9%	112.2%	98.7%	146.1%	**101.8%**	6289	5.3	3.4	**8.7**
Queen Elizabeth the Queen Mother	98.7%	121.1%	109.7%	136.1%	**111.8%**	9185	4.9	3.9	**8.8**
William Harvey	94.8%	103.5%	100.1%	105.1%	**99.4%**	10937	5.3	3.2	**8.5**

It should be possible to fill 100% of hours if:

- There are no vacant posts;
- All vacant planned shifts are covered by overtime or NHS-P shifts;
- Annual leave, sickness and study leave is managed within an overall average of 22%.

Figure 2 shows the slight reductions seen in % shift hours filled in March and August which reflects the requirement for additional shifts during winter pressures and periods of higher annual leave not always being filled by NHSP. Work to ensure that roster templates closely reflect the budgeted establishments and include shifts necessary for additional beds has supported the increased fill rates seen over time. All agency hours worked have been included in this report since Apr-16.

Figure 2. % hours filled planned against actual Feb-16 to Apr-17

% hours filled- planned against actual 2016 - current

Legend: Kent & Canterbury — Queen Elizabeth the Queen Mother — William Harvey

Senior nursing leaders have reported that:
- It is not possible to say which organisations have concerning levels of staffing using this data;
- Some Trusts may achieve high % fill rates but have planned for what are already sub-optimal levels;
- Many Trusts reporting the lowest fill rates have invested in to nursing in the last year;
- There may be inconsistencies in the methodology as those Trusts using E-Rostering tend to report lower fill rates.

Figure 3 shows total monthly hours actual against planned and % fill during April by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and additional bed use. Five wards within Specialist Services show low fill rates for support worker shifts demonstrating the impact of sickness and parenting leave on % fill where small WTE exist within the ward establishment.

Actions in place include:
- Matrons and Specialist Nurses cover the shifts that are short of staff. This is not reflected in the filled hours as it is not captured on the E-Roster;
- 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';
- Recruitment campaigns continue both locally and overseas;
- Retention is being addressed with wards and teams with support from the HR Business Partners.

No national RAG rating tolerances have been determined, but wards achieving under 80% have been RAG rated Red, in Figure 3. The main root cause of <80% fill rates are provided and detail on annual leave, sickness and parenting rates by ward. The RAG rating for these elements are provided below. 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%

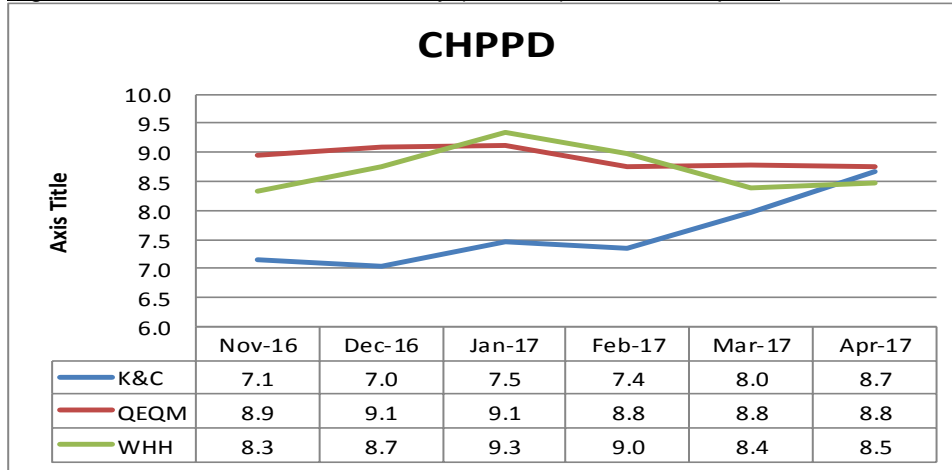# Figure 3. Total monthly hours actual against planned and % fill and CHPPD by ward during Apr-17

| | DAY | | NIGHT | | Unavailability % | | | | | | Care Hours Per Patient Day (CHPPD) | | | |
| | | | | | A/L | | Sickness | | Parenting | | | | | |
UCLTC	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Registered	Unregistered	Registered	Unregistered	Registered	Unregistered	Cumulative count over the month of patients at 23:59 each day	Registered midwives / nurses	Care Staff	Overall
WH Cambridge J2 Ward	113%	146%	124%	120%	14.80%	14.60%	6.80%	9.80%	0.00%	0.00%	991	3.5	3.1	6.6
WH Cambridge K Ward	91%	182%	111%	97%	11.70%	1.90%	2.60%	11.00%	0.00%	0.00%	789	3.2	2.4	5.6
WH Cambridge M2 Ward	106%	112%	109%	85%	13.40%	22.00%	12.50%	14.00%	0.00%	9.10%	562	3.7	2.3	6.0
KC Taylor CCU	72%	N/A	100%	N/A	13.40%	0%	1.90%	0.00%	0.00%	0.00%	193	7.7	0.0	7.7
QE Coronary Care Unit	106%	91%	122%	105%	13.30%	3.00%	0.60%	15.80%	0.00%	0.00%	349	6.2	2.3	8.5
WH Coronary Care Unit	82%	100%	76%	77%	15.50%	8.70%	5.00%	1.50%	0.00%	0.00%	266	9.6	2.3	12.0
QE Minster	88%	157%	97%	185%	8.40%	7.90%	1.20%	3.70%	0.00%	0.00%	670	2.9	4.9	7.8
WH Oxford Ward	129%	94%	129%	126%	14.40%	16.50%	1.60%	1.10%	0.00%	0.00%	387	5.9	2.8	8.7
QE Sandwich Bay Ward	117%	164%	144%	323%	9.40%	7.70%	4.90%	1.60%	3.90%	0.00%	612	3.9	4.1	7.9
QE St Margarets Ward	106%	140%	101%	162%	11.10%	11.60%	1.70%	9.80%	0.00%	0.00%	730	2.6	3.8	6.4
QE Deal Ward	127%	140%	86%	164%	10.30%	10.80%	1.50%	4.60%	16.60%	0.00%	724	3.6	4.0	7.5
KC Harvey Neurorehab	78%	185%	100%	459%	9.80%	12.00%	1.90%	0.00%	0.00%	0.00%	568	2.7	6.3	9.0
KC Invicta Ward	88%	114%	123%	155%	13.50%	11.80%	5.10%	4.50%	0.00%	0.00%	673	3.0	2.8	5.8
WH Cambridge L Rehab Ward	87%	101%	122%	184%	14.90%	14.10%	7.90%	9.90%	0.00%	0.00%	767	3.1	3.4	6.4
KC Treble Ward	80%	74%	97%	216%	12.70%	17.30%	8.70%	10.40%	5.80%	0.00%	497	3.4	3.4	6.7
KC Mount McMaster	98%	103%	97%	225%	13.30%	18.50%	6.70%	3.50%	0.00%	0.00%	642	3.0	3.0	6.1
QE Fordwich	89%	178%	107%	201%	17.40%	13.30%	8.30%	10.60%	2.40%	0.00%	631	4.5	4.6	9.1
KC Kingston	83%	119%	102%	115%	15.60%	15%	6.40%	10.20%	0.00%	0.00%	730	3.4	2.7	6.1
WH Richard Stevens Stroke Unit	103%	179%	109%	233%	7.60%	3.80%	10.20%	6.10%	6.60%	0.00%	631	5.0	5.7	10.7
KC Harbledown Ward	81%	122%	124%	132%	9.90%	17.20%	0.60%	9.20%	0.00%	0.00%	679	3.2	3.3	6.6
QE St Augustine Contingency Ward	106%	129%	113%	135%	14%	14%	0.60%	1.80%	0.00%	7.80%	872	2.6	2.5	5.1
QE CDU	107%	175%	178%	197%	8.50%	6.20%	3.30%	5.60%	0.00%	0.00%	688	7.1	4.9	12.0
WH CDU/Bethersden	86%	117%	112%	96%	11.50%	10.20%	5.70%	3.10%	1.50%	0.00%	649	8.8	5.0	13.8
KC ECC	94%	110%	89%	111%	14.10%	9.20%	6.20%	11.60%	3.90%	0.00%	247	20.2	8.1	28.4

Surgical Services

WH Rotary Suite	104%	93%	95%	100%	13.00%	11.00%	2.70%	3.20%	0.00%	0.00%	414	5.3	2.8	8.1
QE Cheerful Sparrow Female	85%	107%	93%	87%	19.20%	14%	6.40%	11.80%	0.00%	0.00%	665	3.3	2.8	6.1
KC Clarke Ward	81%	105%	100%	86%	15.50%	9.10%	9.40%	8.90%	0.00%	0.00%	621	4.2	3.4	7.6
QE Cheerful Sparrow Male	88%	92%	92%	98%	7.10%	8.70%	17.30%	6.90%	4.50%	0.00%	665	3.4	2.8	6.2
KC Kent Ward	99%	89%	93%	92%	15.40%	18.30%	3.20%	9.80%	1.50%	9.20%	446	5.1	2.5	7.6
WH Kings B	91%	101%	105%	108%	16.20%	11.30%	4.50%	1.60%	0.00%	6.80%	691	2.9	2.6	5.5
WH Kings A2	96%	108%	100%	122%	19.10%	9.20%	1.40%	2.20%	0.00%	0.00%	524	3.3	2.7	6.0
WH Kings C	98%	128%	98%	100%	13.20%	8.20%	3.20%	7.80%	0.00%	0.00%	780	2.7	2.7	5.4
WH Kings C2	77%	101%	98%	98%	12.10%	12.00%	0.60%	4.10%	0.00%	1.10%	598	3.2	2.9	6.1
WH Kings D	97%	96%	90%	148%	14.40%	15.90%	3.80%	7.90%	0.00%	0.00%	657	6.1	5.2	11.3
QE Quex Ward	106%	98%	97%	104%	12.90%	7.80%	8.40%	16.00%	0.00%	7.70%	438	4.9	1.5	6.4
QE Trauma Floor	99%	116%	95%	125%	12.30%	9.10%	8.20%	7.90%	0.00%	3.60%	578	7.5	8.2	15.7
WH Critical Care	121%	98%	109%	80%	11.60%	10.30%	6.70%	0.60%	6.20%	0.00%	298	25.2	3.7	28.9
KC Critical Care	88%	109%	91%	N/A	13.10%	5.90%	4.30%	0.00%	8.40%	0.00%	157	26.5	1.0	27.6
QE Critical Care	87%	88%	105%	N/A	12.40%	0.00%	3.50%	5.30%	4.30%	0.00%	216	24.6	1.5	26.1

Specialist Services

KC Marlowe Ward	99%	107%	95%	99%	14.60%	10.50%	3.10%	5.60%	0.00%	0.00%	660	6.1	3.4	9.5
WH NICU	87%	75%	92%	40%	13.20%	15.40%	6.60%	0.80%	1.80%	0.00%	668	9.6	1.2	10.7
WH Padua Ward	93%	77%	106%	43%	15.30%	12.80%	4.10%	15.90%	6.90%	7.10%	478	8.3	2.0	10.3
QE Rainbow Ward	101%	87%	99%	N/A	13.20%	11.10%	2.60%	0.90%	3.70%	0.00%	330	9.3	3.0	12.3
QE Birchington Ward	88%	122%	103%	100%	10.10%	9.20%	0.50%	0.00%	0.00%	0.00%	401	4.7	2.8	7.5
WH Kennington Ward	99%	66%	95%	N/A	9.10%	15.00%	6.90%	2.50%	0.00%	0.00%	261	6.3	2.4	8.8
KC Brabourne Haematology Ward	81%	111%	108%	N/A	7.60%	2.90%	15.20%	26.50%	0.00%	0.00%	176	9.9	1.9	11.7
WH Maternity Labour and Folkestone	N/A	64%	N/A	52%	9.80%	12.10%	9.80%	10.50%	4.30%	6.20%	454	0.0	4.9	4.9
Wh Maternity Combined	#REF!	N/A	#REF!	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	72	1.2	0.3	1.6
QE Maternity Wards	N/A	82%	N/A	70%	10.40%	8.80%	7.30%	6.40%	5.10%	6.30%	312	0.0	9.5	9.5
QE MLU	100%	100%	200%	100%	12.60%	0.00%	0.00%	0.00%	0.00%	0.00%	38	2.5	1.3	3.8
QE SCBU	95%	92%	102%	N/A	10.90%	13.20%	2.20%	0.00%	0.00%	0.00%	266	8.8	2.3	11.1

Care Hours Per Patient Day (CHPPD)
Care hours per patient day are also included, by ward, and include registered nurse and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. The range is from around 5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. The trend in figure 4 shows some consistency by site, the rise seen at K&C linked to increased patient dependency and consistently higher CHPPD at QEQM and WHH reflect the specialty of provision on those sites.

Updated 2016 National Quality Board requirements include the expectation that CHPPD will be included in Trust's Quality dashboards and the CHPPD is now included in the Quality Heatmap, by ward.

Figure 4. Care Hours Per Patient Day (CHPPD) Nov-16 to Apr-17

CHPPD

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
K&C	7.1	7.0	7.5	7.4	8.0	8.7
QEQM	8.9	9.1	9.1	8.8	8.8	8.8
WHH	8.3	8.7	9.3	9.0	8.4	8.5

Comparative data within the Model Hospital dashboard for Jan-17 shows EKHUFT average of 8.8 against a peer median (based on both spend and clinical output) of 8.2 and a national median of 7.6 (all Acute Trusts, Mental Health Trusts and Community Trusts). Reasons for the variance against the peer value may be linked to the high numbers of patients requiring Specialling within our wards. The EKHUFT overall average CHPPD in April is 8.1.

CHPPD has been sustained in Apr-17 against the slight reduction in activity and winter pressure beds shown in figure 5 and this is reflected in the continued rate of over 100% seen this month in %fill against budgeted establishments.

Figure 5. Cumulative count over the month of patients at 23.59 each day Nov-16 to Apr-17
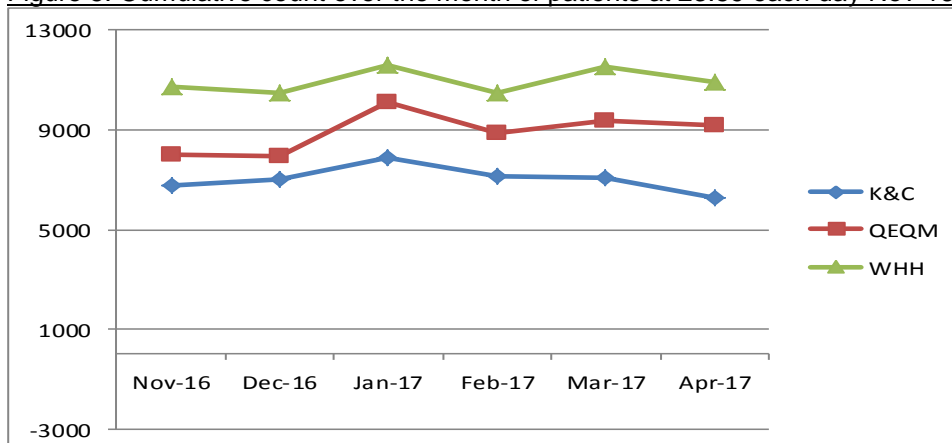
	Cumulative count over the month of patients at 23:59 each day								
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
K&C	6319	6477	6698	6775	6983	7873	7117	7053	6289
QEQM	8064	8093	8503	8007	7960	10098	8897	9396	9185
WHH	10739	10667	11078	10743	10477	11624	10459	11557	10937

Data validation and sign-off steps have been implemented and the data will be reported externally via Unify/NHS Choices on 16th May 2017. The national data will be published representing each hospital site on the NHS Choices website.