The Publication of Nurse staffing Data – August 2017

Introduction

In accordance with National Quality Board 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. The data is reported externally via Unify and is also published on the Trust website and to the relevant hospital webpage on NHS choices.

Planned and actual staffing

% fill of planned and actual hours is required 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 Healthroster system and fill rates in August are over 102% at QEQM, over 100% at WHH and over 83% at K&C, shown in Figure 1.

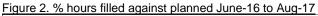
Figure 1. % hours filled planned against actual by site	durina Aua-17
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	%	Hours filled -	planned agaiı	Care Hours Per Patient Day (CHPPD) Aug-17						
	D.	AY	NIC	GHT		Cumulative				
Hospital site	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)		Overall % hours filled	count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	
Kent & Canterbury	71.9%	89.9%	81.2%	119.4%	83.2%	5706	4.7	3.2	7.9	
Queen Elizabeth the Queen Mother	85.4%	123.8%	100.5%	127.6%	102.8%	9770	4.9	3.6	8.5	
William Harvey	95.5%	103.9%	103.9%	101.9%	100.2%	10626	6.4	3.3	9.7	

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 improvement in fill rates over time which has been supported by work to ensure that roster templates closely reflect the budgeted establishments and include shifts necessary for additional beds. The marked fall in fill rate at K&C is partly due to staff moves to other sites from June-17 but also reflects the very low % fill within the MIU due to the roster template still reflecting the full EAU staffing. All agency hours worked have been included in this report since Apr-16.



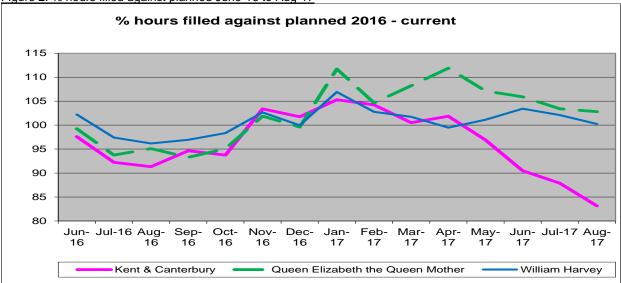


Figure 3 shows % hours filled against planned, during August, by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and contingency bed use.

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. % hours filled against planned and CHPPD by ward during Aug-17

Number Number Stress Perstar Number	Figure 3. % hours filled				<u>, НРРД</u> Энт	by			<u>g Aug</u>	<u>-17</u>			Care	Hours Per Patier	nt Day (CH	DDU)
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KitTelevelund 653 8954 875 1385 K. Mount McMuster 725 14044 1015 2266 Geraduvin 625 12155 328 2206 1260 12208 12007 1200 12208 1200 12208 1200 12208 1200 1220 1200 1220 1200 <td>KC Invicta Ward</td> <td>90%</td> <td>81%</td> <td>98%</td> <td>172%</td> <td>İ</td> <td>12.20%</td> <td>14.50%</td> <td>3.60%</td> <td>4.80%</td> <td>0.00%</td> <td>0.00%</td> <td>637</td> <td>3.0</td> <td>2.6</td> <td>5.6</td>	KC Invicta Ward	90%	81%	98%	172%	İ	12.20%	14.50%	3.60%	4.80%	0.00%	0.00%	637	3.0	2.6	5.6
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QE fordwich SFR 211% B3K 20K Mark Ma	KC Treble Ward	64%	88%	87%	183%	l	18.00%	19.10%	5.30%	7.70%	6.10%	0.00%	550	2.7	3.2	5.9
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MH Richard Streems Strole Unit 778 1078 1978	QE Fordwich	68%	211%	83%	204%	l	22.40%	10.80%	12.60%	7.10%	4.70%	3.50%	657	4.1	5.1	9.2
KC Hardledown Ward 96K 90% 90% 100% 120% 5.30K 0.00% 0.00% 16.81 3.4 2.6 6.0 GE Mangeshie Contingency Ward 86K 160% 0.00K 155K 157K 20K 0.00K 0.	KC Kingston	72%	108%	104%	139%	l	13.80%			9.40%	0.00%	0.00%	600	3.6	3.6	7.3
GÉ SLAugustine Contingency Ward Böls 160% 102% 156% 15% 0.00 3.38% 0.00% 0.00% 667						ļ							664	-		8.1
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With Rotary Suite 81% 15% 94% 110% QC Cheerful Sparrow Venale 588 152% 98% 100% 1560% 13.30% 3.20% 1.70% 4.20% 0.00% QC Cheerful Sparrow Vale 68% 101% 96% 84% 105% 15.20% 16.00% 14.70% 4.20% 0.00% 660% <td>Surgical Services</td> <td></td>	Surgical Services															
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QE Rainbow Ward 103% 81% 126% 115% QE Binchington Ward 74% 128% 101% 97% MK Lennington Ward 92% 76% 94% N/A MK Kennington Ward 92% 76% 94% N/A MK Kennington Ward 92% 76% 94% N/A MK Maternity Labour and Folkestone 102% 55% 86% 68% MLUWHH 126% 119% 148% 87% QE MLU 87% 69% 93% 76% 93% 76% 93% 76% 14.0% 15.0% 1.30% 10.0% 0.00% 11.0W 14.40% 15.50% 1.30% 10.30% 0.00% 0.00% 115 15.7 2.2 17.9 0E Maternity Wards 93% 75% 85% 76% 11.60% 3.460% 4.70% 5.10% 8.00% 3.00% 15.5 12.80% 3.00% 3.00% 12.5 4.0 15.5 QE Maternity Wards 93% 85% 76% 11.60% 3.40% 4.7	WHNICU	109%	84%	111%	52%		6.40%	14.50%	3.20%	0.60%	0.60%	0.00%	681	11.8	1.4	13.1
QE Birchington Ward 74% 128% 101% 97% WH Kennington Ward 92% 76% 94% N/A KC Brabourne Haematology Ward 83% 62% 100% N/A WH Maternity Labour and Folkestone 102% 55% 86% 68% MLU WHH 126% 119% 148% 87% QE Maternity Wards 93% 75% 85% 76% QE MLU 87% 69% 93% 85%	WH Padua Ward	89%	80%	101%	45%		12.90%	15.80%	3.50%	2.80%	3.60%	12.70%	405	9.7	2.5	12.2
WH Kennington Ward 92% 76% 94% N/A KC Brabourne Haematology Ward 83% 62% 100% N/A WH Maternity Labour and Folkestone 102% 55% 86% 68% MLU WHH 126% 119% 148% 87% QE Maternity Wards 93% 75% 85% 76% QE MLU 87% 93% 85%	QE Rainbow Ward	103%	81%	126%	115%		16.40%	15.50%	1.30%	0.60%	0.00%	0.00%	257	13.8	4.0	17.8
KC Brabourne Haematology Ward 83% 62% 100% N/A WH Maternity Labour and Folkestone 102% 55% 86% 68% MLU WHH 126% 119% 148% 87% QE Maternity Wards 93% 75% 85% 76% QE MLU 87% 93% 93% 85%	QE Birchington Ward	74%	128%	101%	97%		14.00%	14.80%	5.00%	0.50%	0.00%	0.00%	445	3.9	2.6	6.6
KC Brabourne Haematology Ward 83% 62% 100% N/A WH Maternity Labour and Folkestone 102% 55% 86% 68% MLU WHH 126% 119% 148% 87% QE Maternity Wards 93% 75% 85% 76% QE MLU 87% 69% 93% 85% 480% 10.50% 2.80% 4.00% 15.07 2.2 17.9 MLU WHH 126% 119% 148% 87% 7.40% 9.50% 3.10% 14.30% 0.00% 0.00% 51 39.4 14.8 54.2 QE MALU 87% 69% 93% 85% 10.50% 0.90% 2.80% 4.10% 12.00% 35 37.7 16.4 54.1	WH Kennington Ward	92%	76%	94%	N/A	ĺ	13.50%	19.50%	3.60%	10.70%	<u>6.40%</u>	0.00%	289	4.9	2.0	6.9
WH Maternity Labour and Folkestone 102% 55% 86% 68% MLU WHH 126% 119% 148% 87% QE Maternity Wards 93% 75% 85% 76% QE MLU 87% 69% 93% 85% 4.80% 10.50% 12.80% 10.30% 3.20% 9.50% State 11.60% 34.60% 4.70% 5.10% 8.00% 3.00% 356 15.8 6.6 22.3 QE MLU 87% 69% 93% 85% 4.80% 10.50% 2.80% 4.10% 12.00% 35 37.7 16.4 54.1		83%			N/A						0.00%	0.00%	115		2.2	17.9
MLU WHH 126% 119% 148% 87% QE Maternity Wards 93% 75% 85% 76% QE MLU 87% 69% 93% 76% 480% 10.50% 9.9% 2.8% 4.10% 12.0% 51 39.4 14.8 54.2 0.00% 3.00% 3.00% 3.00% 3.00%		1														-
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Low fill rates are seen:

- In registered nurse shifts on Harvey due to vacancies, on Mount McMaster, Kingston, Quex and the Trauma floor due to high sickness and Deal, QEQM CDU, Kings C2 and K&C critical care due to maternity leave. On Cambridge J, Treble, Fordwich, Cheerful Sparrows Female and Richard Stevens low fill rates are due to a combination of high sickness and maternity leave during a month where annual leave is at the upper tolerance level for most wards. Care Hours Per Patient Day was maintained near or above 6.0 on all these wards using temporary staff except on Deal (5.6) where the low fill rate was due to extremely high maternity leave;
- Other wards (K&C critical care, Kennington, Braeborne, NICU, Padua and Maternity areas) 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 non ward-based staff often 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 currently;
- The roll out of Safecare is progressing at WHH which will allow the live capture of patient acuity dependency and improved matching of staffing to demand;
- 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;
- Addressing retention with wards and teams with support from the HR Business Partners.

Care Hours Per Patient Day (CHPPD)

CHPPD have also been reported since May-16, to relate actual staffing to patient numbers which are shown in figure 1 and 4 by site, and in figure 3 by ward. CHPPD 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 and slightly higher CHPPD at QEQM and WHH reflecting the specialty of provision on those sites. CHPPD has been included in the Quality Heatmap, by ward, since Feb-17.

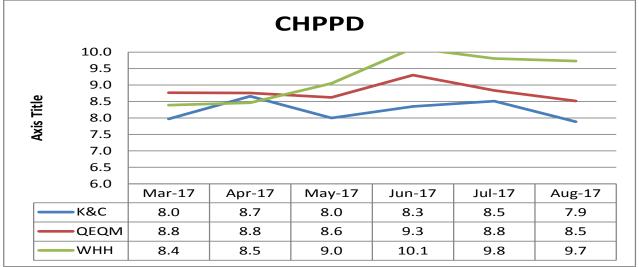


Figure 4. Care Hours Per Patient Day (CHPPD) Mar-17 to Aug-17

Comparative data within the Model Hospital dashboard for May-17, the most recent available, shows EKHUFT average of 8.6 CHPPD against a peer median (based on both spend and clinical output) of 7.8 and a national median of 7.9 (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.

CHPPD has fallen slightly at QEQM and WHH but more markedly at K&C against little change in activity and use of contingency beds, shown in figure 5, and this is reflected in the reduction seen this month in %fill against budgeted establishments.

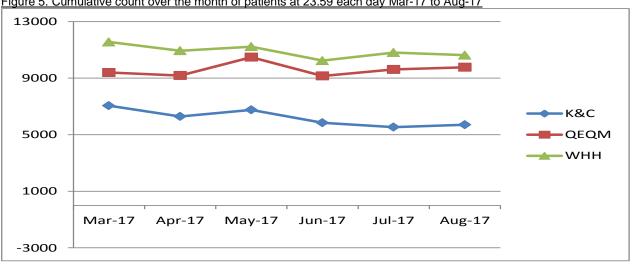


Figure 5. Cumulative count over the month of patients at 23.59 each day Mar-17 to Aug-17