

The Publication of Nurse staffing Data – January 2019

Introduction

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.

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 January are over 107% at QEQM, over 99% at WHH and over 93% at K&C, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during Jan-19

Site	DAY		NIGHT		Overall hours filled - Nurse & care staff (%)	Cumulative count of bed state at 23.59 each day	Care Hours Per Patient Day (CHPPD)		
	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 (%)
Kent & Canterbury	72%	122%	94%	113%	93.73%	6021	3.9	3.2	7.1
Queen Elizabeth the Queen Mother	93%	118%	108%	132%	107.58%	7838	6.2	4.9	11.2
William Harvey	96%	103%	99%	109%	99.76%	10292	6.6	3.4	10.0

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 changes 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. All agency hours worked have been included in this report with the exception of Managed service agency shifts and retrospective shifts.

Figure 2. % hours filled against planned Aug-18 to Jan-19

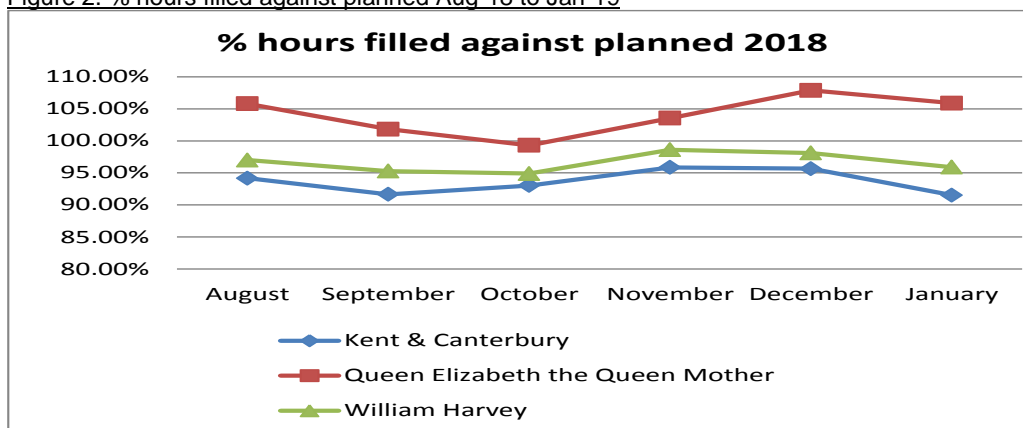


Figure 3 shows % hours filled against planned, during January, by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand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

Lower fill rates are largely linked to vacancies and sickness, as well as parenting leave, shown in figure 3. 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%

Figure 3. % hours filled against planned and CHPPD by ward during Jan-19

	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		Sickness		Parenting							
								Registered	Unregistered	Registered	Unregistered	Registered	Unregistered						
Cancer																			
KC Brabourne Haematology Ward	82%	100%	98%	N/A	12.33	2.99	15.31	19.10%	8.50%	9.40%	0.00%	1.00%	0.00%						
GSM																			
Cambridge J	125%	138%	199%	118%	5.48	2.66	8.14	12.10%	12.90%	3.20%	14.60%	0.00%	0.00%						
Cambridge K	105%	90%	101%	95%	3.85	2.68	6.53	11.30%	13.20%	1.10%	7.50%	10.00%	0.00%						
Cambridge M1	94%	110%	103%	97%	3.58	2.50	6.08	11.00%	10.60%	13.80%	2.50%	11.00%	0.00%						
Cambridge M2	94%	110%	103%	97%	3.36	2.35	5.71	11.00%	10.60%	13.80%	2.50%	11.00%	0.00%						
Coronary Care Unit (QEQMH)	80%	125%	100%	100%	4.52	2.94	7.46	5.80%	14.80%	23.10%	0.90%	0.00%	0.10						
Oxford	92%	112%	105%	152%	4.51	3.28	7.79	17.60%	3.00%	10.90%	15.90%	5.00%	0.00%						
Sandwich Bay	134%	143%	143%	209%	4.19	3.07	7.26	7.00%	10.50%	3.00%	4.60%	0.00%	0.00%						
St Margarets	78%	144%	100%	148%	2.24	3.72	5.95	12.30%	11.80%	0.60%	10.90%	0.00%	0.00%						
Deal	89%	176%	105%	180%	2.51	3.73	6.25	9.40%	12.10%	2.80%	6.50%	15.00%	0.02						
Harvey	59%	105%	100%	103%	2.43	2.61	5.04	10.20%	14.00%	2.00%	11.90%	10.00%	0.00%						
Invicta	74%	197%	92%	134%	2.43	3.46	5.89	15.70%	12.80%	9.80%	10.20%	7.00%	0.00%						
Cambridge L	85%	113%	76%	116%	2.79	3.00	5.79	13.00%	6.20%	2.40%	3.40%	0.00%	0.00%						
Treble	84%	105%	98%	98%	3.46	3.69	7.15	18.60%	15.30%	1.30%	3.40%	0.00%	0.00%						
Mount/McMaster	55%	210%	105%	123%	1.96	2.91	4.87	11.50%	11.90%	7.80%	8.70%	12.00%	0.00%						
Fordwich Stroke Unit	81%	107%	97%	151%	3.46	3.78	7.24	9.50%	8.40%	4.30%	14.50%	0.00%	0.00%						
Kingston Stroke Unit	40%	127%	100%	116%	1.82	3.28	5.10	12.80%	14.20%	1.40%	5.60%	0.00%	0.00%						
Richard Stevens Stroke Unit	100%	101%	95%	139%	4.29	3.45	7.74	14.20%	13.30%	2.10%	6.40%	0.00%	0.13						
Harbledown	56%	110%	95%	136%	2.08	2.78	4.86	13.30%	19.00%	5.10%	11.90%	0.00%	0.00%						
QE St Augustine Contingency Ward	62%	162%	100%	160%	2.02	3.26	5.28	7.30%	11.20%	9.90%	1.20%	0.00%	0.00%						
BARTHOLEMEW UNIT (WARD)	106%	117%	103%	99%	9.07	3.47	12.54	10.00%	15.10%	2.50%	0.60%	6.00%	0.02						
Quex	62%	169%	84%	174%	2.01	4.07	6.08	13.20%	14.80%	1.20%	1.10%	0.00%	0.00%						
Kings C2	86%	50%	74%	66%	3.16	1.39	4.55	6.70%	0.00%	1.20%	0.00%	34.00%	0.88						
KC Marlowe Ward	100%	89%	94%	103%	4.20	2.27	6.47	13.00%	15.20%	8.30%	21.00%	0.00%	0.00%						
S&A																			
Cheerful Sparrows Female	99%	129%	103%	145%	2.68	4.04	6.71	7.00%	5.20%	0.00%	1.30%	11.00%	13.00%						
Clarke	82%	103%	98%	95%	3.37	2.97	6.34	15.50%	14.30%	10.20%	12.80%	1.00%	0.00%						
Cheerful Sparrows Male	127%	108%	108%	152%	2.61	3.68	6.28	5.80%	6.20%	0.00%	14.60%	0.00%	0.00%						
Kent	80%	128%	99%	89%	3.85	2.89	6.74	17.30%	10.80%	9.90%	23.00%	0.00%	4.00%						
Kings B Ward - WHH	109%	121%	101%	113%	3.06	2.77	5.83	21.50%	10.30%	0.50%	3.60%	0.00%	0.00%						
Kings A2	97%	124%	98%	178%	3.12	3.02	6.14	13.90%	5.50%	3.00%	10.00%	8.00%	5.00%						
Kings C1	105%	126%	100%	103%	2.79	3.06	5.85	17.00%	14.40%	0.50%	3.40%	0.00%	0.00%						
WH Kings D	98%	135%	89%	136%	3.28	3.36	6.64	17.60%	12.30%	2.20%	8.80%	1.00%	0.00%						
Bishopstone - split	83%	58%	94%	94%	3.93	3.12	7.06	15.00%	19.50%	2.40%	0.00%	0.00%	0.00%						
KC St Lawrence Ward	50%	91%	84%	96%	4.94	5.11	10.05	13.80%	9.80%	6.20%	6.10%	0.00%	0.00%						
Seabathing -split	78%	132%	139%	65%	2.62	2.97	5.60	16.40%	19.30%	11.60%	9.80%	0.00%	4.00%						
Critical Care - WHH -	103%	137%	90%	N/A	27.13	1.91	29.04	12.20%	5.30%	4.10%	3.50%	2.00%	9.00%						
Critical Care - KCH	78%	N/A	80%	N/A	29.39	1.17	30.56	13.20%	9.00%	5.80%	0.00%	0.00%	0.00%						
Critical Care - QMH	97%	109%	119%	N/A	22.26	1.72	23.98	10.40%	24.80%	2.80%	0.00%	6.00%	0.00%						
SHN																			
Rotary Suite	80%	120%	100%	119%	3.79	3.70	7.48	15.80%	14.10%	0.70%	6.90%	9.00%	0.00%						
UEC																			
KC MIU	72%	103%	84%	N/A				20.20%	25.50%	19.10%	2.40%	0.00%	0.00%						
WHH ACUTE MEDICAL UNIT B	66%	79%	88%	126%	6.20	4.05	10.25	13.40%	15.20%	12.20%	4.00%	6.00%	0.00%						
QE Acute med unit	109%	115%	127%	126%	10.13	8.01	18.13	29.80%	22.20%	7.10%	8.70%	0.00%	5.00%						
W&C																			
WH NICU	92%	71%	88%	23%	13.32	1.34	14.66	12.70%	14.80%	6.50%	11.40%	5.00%	0.00%						
WH Padua Ward	92%	70%	122%	56%	5.80	0.68	6.48	11.30%	9.00%	6.80%	23.50%	5.00%	12.00%						
QE Rainbow Ward	91%	98%	103%	167%	11.55	4.59	16.13	16.10%	8.60%	6.90%	12.60%	6.00%	11.00%						
QE Birchington Ward	99%	91%	103%	196%	3.80	2.23	6.03	16.10%	13.10%	6.50%	11.90%	0.00%	17.00%						
WH Kennington Ward	99%	94%	97%	N/A	4.19	2.15	6.34	15.40%	11.30%	6.80%	16.80%	9.00%	0.00%						
WH Maternity Labour and Folkestone	100%	70%	96%	68%	25.69	7.99	33.68	13.80%	11.60%	10.90%	10.10%	3.00%	5.00%						
MLU WHH	97%	102%	100%	98%	34.29	16.85	51.13	13.60%	16.40%	9.90%	2.80%	0.00%	0.00%						
QE Maternity Wards	96%	90%	97%	66%	15.87	4.45	20.32	14.80%	11.90%	6.40%	6.10%	8.00%	0.00%						
QE MLU	95%	86%	99%	85%	43.74	18.87	62.61	14.70%	16.50%	14.10%	22.00%	0.00%	0.00%						
QE SCBU	113%	104%	99%	N/A	8.93	1.56	10.49	11.60%	9.00%	6.70%	2.90%	5.00%	0.00%						

Low fill rates are seen:

- In registered nurse shifts on St Margarets, St Augustines, Quex, Harvey, Invicta, Mount McMaster, Kingston, Harbeldown, St Lawrence and the WHH Acute Medical Unit. This is due to a combination of factors including vacancies, high sickness and maternity leave. Risks are currently mitigated through staff moves and Matron support. CHPPD was maintained around 5.0 or above on all these wards using temporary staff. Kings C2 is shown as 4.5 CHPPD due to the full staffing support not reflected due to the additional shifts undertaken by an agency providing a managed service. Work to incorporate this data is progressing;
- Analysis of our quality metrics and heatmap for January does not show any clear correlation between staffing levels and harm this month.
- Other wards (Paediatric 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 use of Safecare is now embedded 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;
- 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'.

Care Hours Per Patient Day (CHPPD)

CHPPD have been reported since May-16, to relate actual staffing to patient numbers which are shown in figure 1 by site, in figure 3 by ward and in figure 4 overall. 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 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. The Jan-19 average is 8.2 (K&C 7.6, QEQM 11.1 and WHH 9.1 reflecting the specialty of provision on each site). CHPPD has been included in the Quality Heatmap, by ward, since Feb-17.

Figure 4. Care Hours Per Patient Day (CHPPD) Apr-18 to Jan-19

Care Hours per Patient Day (CHPPD)									
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
7.8	8.2	8.3	8.3	8.1	7.9	8.1	9.0	8.9	8.2

Comparative data within the Model Hospital dashboard for Oct-18, shows EKHUFT average of 8.1 CHPPD against a peer median (based on both spend and clinical output) of 8.4 and a national median of 8.0 (all Acute Trusts, Mental Health Trusts and Community Trusts).

Summary

The key points for the Quality Committee to note are:

- The key risk areas are:
 - **At WHH** three wards (Cambridge J & M1 and Kings C2) are recently 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. KC2 reports low fill rates, but the remainder was filled by the managed contract.
 - **At K&C** Matrons are focused on improving succession planning and have recruited two new matrons, three ward managers and several band 6 sisters this month. The ward manager post for Harvey was open to AHP applicants to broaden the field of applicants. Ward staffing profiles are flexed according to patient need and over-recruitment to support worker posts is undertaken to ensure patient safety. There are no posts vacant due to retirement.
 - **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.

- Work continues to address current band 5 vacancy levels in General and Specialist Medicine (75wte) and Surgery and Anaesthetics (53wte). The Trust has a proactive nursing workforce recruitment programme with over 120 band 5 nurses recruited since April-18. Further work progresses to:
 - Maximise recruitment of our newly qualified nurses;
 - Work with an external partner to recruit EU nurses through Skype interviews. 24 have commenced in post, working as HCAs whilst they prepare for NMC registration;
 - Support around 60 of our Healthcare Assistants who are overseas trained to undertake a core programme to enable them to achieve the English language requirements and OSCE in preparation for UK NMC registration;
 - Support 14 Nursing Associates to qualify in May and take up their first post with us;
 - Test reprofiling of ward establishments to incorporate new roles.
- We have recruited two Matrons to focus solely on recruitment and retention;
- Almost all staff requirements were met according to the ward/department establishment during January;
- Comparative data within the model hospital dashboard shows that care hours per patient day is in line with our peers;
- Areas recording over 100% may be staffing escalation beds to maintain safe staffing, or providing 1:1 nursing for patients who require it;
- Where RN day shifts show lower than required fill rate, skill mix changes are made. This explains why some fill rates are high with care staff. Included in this cohort are the band 4 roles. Given these wards are the lower acuity wards, this is deemed safe.
- There have been staff challenges throughout January that are mitigated across the sites on a daily basis;
- 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.