

The Publication of Nurse staffing Data - November 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 November are over 105% at QEQM, over 100% at WHH and over 88% at K&C, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during Nov-17

rigate 1: 70 floate filled plainted against actual by site during 1404 17												
	%	Hours filled -	planned agair	Care Hours Per Patient Day (CHPPD) Nov-17								
	D.	AY	NIC	GHT		Cumulative						
	Average fill		Average fill			count over			ł			
	rate -		rate -			the month of			ĺ			
	registered	Average fill	registered	Average fill		patients at	Registered		ĺ			
	nurses/	rate - care	nurses/	rate - care	Overall %	23:59 each	midwives/		1			
Hospital site	midwives (%)	staff (%)	midwives (%)	staff (%)	hours filled	day	nurses	Care Staff	Overall			
Kent & Canterbury	75.7%	103.3%	83.3%	118.5%	88.6%	5584	4.8	3.5	8.3			
Queen Elizabeth the Queen Mother	90.3%	125.0%	104.6%	120.4%	105.3%	9759	4.8	3.4	8.3			
William Harvey	95.8%	107.6%	101.0%	102.3%	100.5%	10507	5.8	3.2	8.9			

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. Further work is required at K&C to fully adjust the ECC roster template. All agency hours worked have been included in this report since Apr-16.

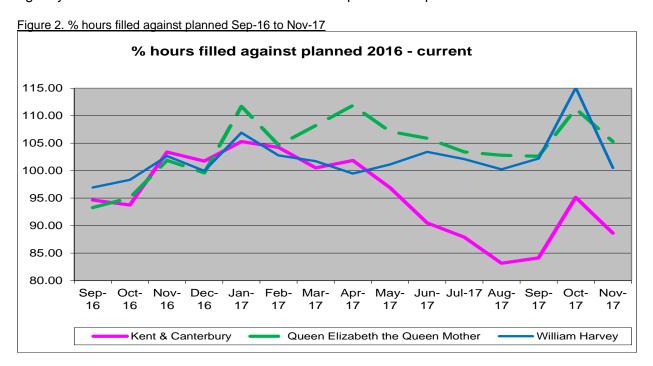


Figure 3 shows % hours filled against planned, during November, by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased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

,, 21. /01.13410 IIII00	d against planned and CHPPD						Hours Per Pa	Unavailability %							
	DAT						TIOUIS FEI FA	tient bay (cm		A/L	Dility 70	Sickness	Parenting		
			Average fill			Cumulative				AJL		SICKITESS		raienting	
	Average fill		rate -			count over	Registered			20	Unregistered	_R	Unregistered	20	Unregistered
	rate -		registered			the month	midwives/	Care Staff	Overall	Registered	reg	Registered	reg	Registered	reg
	registered	Average fill	nurses/	Average fill		of patients	nurses			ten	iste	ten	iste	ten	iste
	nurses/	rate - care	midwives	rate - care		at 23:59 each				e d	ec	ed	erec	ed	erec
UCLTC	midwives (%)	staff (%)	(%)	staff (%)		day							1		
WH Cambridge J2 Ward	80%	167%	102%	127%		731	3.1	2.8	5.9	9.40%	13.50%	1.40%	9.40%	0.00%	0.00%
WH Cambridge K Ward	94%	115%	111%	107%		789	3.7	3.3	7.0	13.80%	11.40%	3.90%	13.70%	0.00%	0.00%
WH Cambridge M2 Ward	108%	105%	107%	100%		556	3.8	2.3	6.1	20.80%	7.60%	2.90%	10.10%	6.60%	0.00%
QE Coronary Care Unit	91%	96%	98%	80%		341	5.3	2.2	7.6	12.80%	11.70%	0.80%	7.40%	0.00%	0.00%
QE Minster	82%	129%	114%	110%		631	3.1	3.8	6.9	12.10%	13.70%	1.60%	3.80%	4.20%	0.00%
WH Oxford Ward	98%	121%	111%	114%		401	4.6	3.1	7.7	20.00%	5.60%	17.10%	3.80%	2.20%	0.00%
QE Sandwich Bay Ward	120%	140%	107%	205%		605	3.4	3.0	6.5	14.90%	14.20%	0.90%	11.80%	6.80%	0.00%
QE St Margarets Ward	109%	109%	104%	117%		717	2.8	3.0	5.8	11.70%	13.30%	2.80%	11.40%	9.50%	5.60%
QE Deal Ward	105%	112%	97%	157%		819	2.7	2.9	5.6	14.10%	13.70%	1.20%	0.00%	6.50%	0.00%
KC Harvey Neurorehab	83%	111%	100%	183%		546	2.9	3.5	6.4	11.40%	16.40%	<mark></mark>	1.80%	0.00%	0.00%
KC Invicta Ward	83%	96%	98%	194%		606	2.9	3.1	6.0	8.40%	11.30%	~~ ~~~~~	8.80%	0.00%	0.00%
WH Cambridge L Rehab Ward	93%	103%	100%	145%		759	3.0	3.0	6.1	10.40%	13.30%		7.30%	0.00%	0.00%
KC Treble Ward	78%	110%	95%	88%		457	3.5	3.9	7.4	7.40%	17.50%		4.50%	9.20%	0.00%
KC Mount McMaster	72%	107%	97%	204%		628	2.6	3.2	5.8	10.30%	10.40%	 	11.60%	9.50%	0.00%
QE Fordwich	77%	227%	99%	201%		682	3.8	5.0	8.9	7.20%	5.30%	11.20%	17.80%	0.00%	4.00%
KC Kingston	62%	138%	124%	165%		734	2.9	3.7	6.6	11.30%	8%	4.50%	10.50%	0.00%	3.10%
WH Richard Stevens Stroke Unit	80%	171%	103%	128%		681	4.0	3.9	7.8	12.30%	9.10%	7.00%	1.80%	6.00%	6.30%
KC Harbledown Ward	93%	126%	105%	141%		666	3.4	3.6	6.9	15.30%	9.80%	3.70%	5.80%	2.60%	0.00%
QE St Augustine Contingency Ward	71%	221%	107%	166%		836	2.1	3.7	5.8	14%	9%	12.80%	3.20%	0.00%	0.00%
QE CDU	115%	123%	156%	143%		643	7.7	3.7	11.4	11.20%	22.30%		4.70%	13.60%	0.00%
WH CDU/Bethersden	102%	109%	97%	99%		666	8.6	4.5	13.1	13.50%	14.10%	4.70%	11.90%	2.90%	0.00%
Surgical Services	000/	4420/	040/	4070/	1	400	1.6	4.0	0.5	47.000/	40.000/	2 000/	7.500/	F 000/	0.000/
WH Rotary Suite	88%	113%	91%	107%		406	4.6	4.0	8.5	17.00%	18.00%		7.50%	5.90%	0.00%
QE Cheerful Sparrow Female	62%	142%	95%	100%	l	533	2.9	3.8	6.7	16.10%	23%	10.90%	10.10%	9.70%	0.00%
KC Clarke Ward	84%	103%	99%	91%		725	3.5	3.0	6.5	12.10%	13.50%	<mark></mark>	12.60%	0.00%	0.00%
QE Cheerful Sparrow Male	86%	106%	100%	108%		532	3.0	4.2	7.2	23.70%	19.20%	und <mark>en manen manen manen m</mark>	7.90%	6.00%	3.90%
KC Kent Ward	83%	129%	99%	50%		320	6.3	3.8	10.1	12.50%	13.90%	.	11.40%	0.00%	0.00%
WH Kings B	115%	104%	125%	88%		720	3.4	2.3	5.8	8.50%	9.10%	2.20%	4.40%	0.00%	0.40%
WH Kings A2	91%	122%	106%	183%		523	3.4	3.3	6.7	20.50%	9.00%	5.30%	0.40%	0.00%	0.00%
WH Kings C	99%	111%	102%	103%		740	2.9	3.0	5.8	8.20%	14.80%		4.30%	8.30%	0.00%
WH Kings C2	85%	101%	102%	89%		581	3.5	2.9	6.4	12.40%	11.60%	anai <mark>amentamentamentamen</mark>	4.60%	9.20%	0.00%
WH Kings D	99%	102%	93%	137%		661	6.2	5.3	11.6	13.90%	13.30%		4.60%	3.40%	3.30%
QE Quex Ward	69%	210%	92%	108%		455 580	3.4 2.9	2.4 3.8	5.8	11.30%	11.70%		4.60%	0.00%	15.30%
Bishopstone	80%	111% 114%	89% 97%	115%	l				6.6	13.80%	10.10%	und <mark>ennamentamin</mark>	7.50%	0.80%	1.10%
Seabathing WILL Gritison Core	74%			100% 42%		633	2.9	3.1	6.0 29.1	8.30%	13.60%	<mark></mark>	0.70%	0.00%	0.00%
WH Critical Care	141%	102%	135%			338	26.3	2.8		12.80%	18.50%		3.10%	6.50%	0.00%
KC Critical Care QE Critical Care	82% 91%	126% 110%	91% 111%	N/A N/A		126 226	32.5 24.6	1.9 1.8	34.4 26.4	13.30%	22.50%	<u></u>	0.00% 1.10%	5.10%	0.00%
QE CHIICAI Care	91%	110%	11176	N/A		220	24.0	1.8	20.4	16.50%	11.00%	3.30%	1.10%	0.00%	0.00%
Specialist Services															
KC Marlowe Ward	107%	91%	92%	104%	1	629	6.8	3.3	10.1	12.10%	9.80%	7.30%	10.30%	2.50%	7.20%
WHNICU	88%	96%	105%			490	7.9	0.6			18.60%		9.10%	4.50%	0.00%
WH Padua Ward	101%	96%	105%	43% 63%		572	6.7	1.0	8.5 7.7	10.70% 15.80%	14.50%	···· (0.00%	6.70%	11.40%
QE Rainbow Ward	98%	90% 111%	107%	158%		407	7.0	1.5	8.5	15.40%	13.30%	and the same of th	1.10%	0.00%	0.00%
		}				_			_		·		····		}
QE Birchington Ward	79%	129%	102%	93% N/A	1	451	3.9 4.7	2.5	6.4	13.60%	12.30%	uni <mark>jamunumanuman</mark>	4.10%	0.00%	0.00%
WH Kennington Ward	88%	98%	97%	N/A N/A		299		2.2	6.9	15.30%	7.90%	6.80%	0.00%	8.70%	0.00%
KC Brabourne Haematology Ward	90%	71%	100% 96%			119 510	14.6 13.4	3.7	16.9 17.0	11.80%	21.40% 12.80%	veri <mark>camente en company</mark>	0.00%	0.00%	0.00% 5.40%
WH Maternity Labour and Folkestone MLU WHH	113%	55%)····	62%		84	20.4	14.8	35.2	12.30%			2.30%	2.80%	·}
	118%	228%	123%	120%				6.2		12.70%	13.30%		7.20%	0.00%	0.00%
QE Maternity Wards QE MLU	99%	83% 86%	91% 93%	78% 40%		384 27	15.2 48.3	16.9	21.4	12.60%	22.60%		6.00%	7.50% 10.30%	4.10% 18.80%
	90%		(257	9.2	1.7	65.2	18.80%	10.10%	<mark></mark>	15.60%)	/
QE SCBU	93%	62%	104%	N/A		45/	9.2	1./	10.8	14.10%	15.50%	7.90%	0.00%	4.10%	0.00%

Low fill rates are seen:

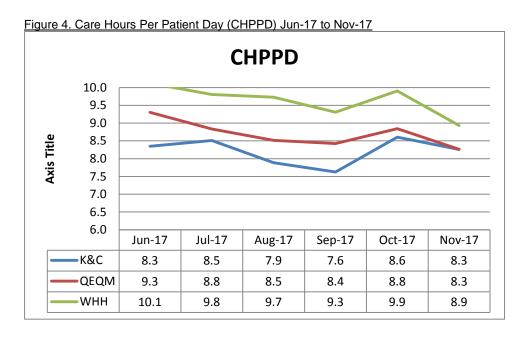
- In registered nurse shifts on Treble, Cheerful Sparrows Female, Mount McMaster, Fordwich, Kingston, St Augustines, Quex, Seabathing and Birchington. This is due to a combination of factors including vacancies, high sickness and maternity leave. An example is Seabathing with a current 75% registered nurse vacancy level which achieved only 74% filled day shifts. Risks are currently mitigated through staff moves and Matron support. Care Hours Per Patient Day was maintained near or above 6.0 on all these wards using temporary staff;
- Other wards (critical care, Braeborne, 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 roll out of Safecare is progressing on all sites 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 5.5 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.



Comparative data within the Model Hospital dashboard for Aug-17, the most recent available, shows EKHUFT average of 8.9 CHPPD against a peer median (based on both spend and clinical output) of 7.9 and a national median of 7.8 (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. Overall CHPPD in Nov-17 is 8.5.

Exploratory work to review reporting against the national criteria is underway to ensure consistency as ward profiles change and roster template adjustment takes place.