

The Publication of Nurse staffing Data – October 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 derived from the Healthroster system shows an average overall fill rate of 100.4% compared to 98.7% in Sept-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 the same as Sept-19 and within 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. Comparison with peers within Model Hospital shows similar CHPPD to organisations rated ‘outstanding’ and slightly below peers in relation to clinical output and spend.

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 Oct-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	84%	51%	100%	N/A	11.61	1.50	13.12	15.30%	23.10%	4.80%	22.60%	8.20%	0.00%	
GSM														
WH Cambridge J2 Ward	100%	99%	97%	108%	3.46	3.49	6.95	15.30%	15.00%	11.40%	15.10%	6.60%	0.00%	
WH Cambridge K Ward	103%	120%	103%	117%	3.77	3.43	7.20	16.70%	10.80%	5.20%	6.40%	0.00%	5.10%	
Cambridge M1	98%	107%	100%	113%	3.65	2.55	6.21	17.30%	13.50%	0.00%	17.30%	0.08%	0.00%	
WH Cambridge M2 Ward	98%	107%	100%	113%	3.46	2.42	5.89	17.30%	13.50%	0.00%	17.30%	0.08%	0.00%	
QE Coronary Care Unit	77%	122%	99%	94%	4.32	2.79	7.11	19.70%	18.10%	7.50%	2.60%	0.00%	0.00%	
WH Oxford Ward	93%	94%	97%	150%	4.25	2.87	7.12	16.00%	11.60%	4.00%	26.40%	12.40%	0.00%	
QE Sandwich Bay Ward	104%	155%	134%	220%	3.59	3.15	6.74	14.30%	11.20%	1.50%	1.20%	7.00%	8.30%	
QE St Margarets Ward	97%	110%	100%	163%	2.45	3.46	5.91	12.50%	17.80%	0.00%	11.80%	0.00%	6.80%	
QE Deal Ward	76%	126%	107%	164%	2.17	2.87	5.04	15.80%	18.10%	0.00%	4.80%	17.20%	13.10%	
KC Harvey Neurorehab	74%	95%	98%	200%	2.96	4.08	7.05	15.60%	15.80%	7.30%	15.20%	0.00%	0.00%	
KC Invicta Ward	69%	155%	98%	148%	2.62	3.47	6.09	20.00%	12.70%	23.20%	22.50%	0.30%	0.00%	
WH Cambridge L Rehab Ward	99%	106%	121%	121%	3.08	3.44	6.52	15.80%	13.90%	2.60%	1.80%	0.00%	0.00%	
KC Treble Ward	69%	126%	93%	146%	2.88	4.51	7.38	12.20%	14.80%	6.20%	5.50%	0.00%	6.60%	
QE Fordwich	77%	135%	100%	179%	3.03	4.71	7.74	15.10%	14.10%	8.20%	6.00%	0.00%	0.00%	
KC Kingston	64%	127%	98%	135%	3.20	4.40	7.60	15.80%	14.60%	11.40%	8.30%	0.00%	2.60%	
WH Richard Stevens Stroke Unit	88%	90%	107%	157%	3.96	3.38	7.34	16.00%	11.20%	6.80%	11.00%	4.90%	0.00%	
KC Harbledown Ward	60%	147%	94%	157%	2.62	4.38	7.01	17.60%	14.30%	0.60%	6.20%	17.10%	0.00%	
QE St Augustine Ward	77%	125%	98%	103%	2.10	3.35	5.45	16.00%	17.80%	10.20%	3.20%	8.20%	0.00%	
WH Bartholomew	92%	99%	103%	98%	3.43	2.09	5.52	7.60%	11.80%	1.40%	6.80%	11.70%	1.90%	
QE Quex Ward	61%	128%	99%	148%	2.04	3.14	5.19	12.40%	13.20%	8.00%	2.50%	8.50%	5.70%	
WH Kings C2	89%	89%	96%	101%	3.43	2.34	5.77	20.00%	13.00%	0.00%	5.00%	1.00%	0.00%	
KC Marlowe Ward	101%	103%	89%	100%	4.31	2.54	6.85	19.90%	14.00%	4.60%	15.00%	11.60%	0.00%	
S&A														
QE Cheerful Sparrow Female	105%	114%	106%	153%	2.61	3.65	6.26	13.00%	17.10%	1.00%	17.10%	0.00%	0.60%	
KC Clarke Ward	82%	137%	137%	98%	3.67	3.57	7.24	15.70%	10.10%	0.60%	2.40%	7.10%	6.50%	
QE Cheerful Sparrow Male	121%	86%	101%	144%	2.50	3.30	5.80	13.90%	17.20%	11.60%	18.60%	0.00%	0.00%	
KC Kent Ward	91%	126%	100%	89%	4.35	3.20	7.55	17.20%	11.30%	4.70%	6.70%	6.40%	5.30%	
WH Kings B	114%	104%	102%	106%	3.04	2.64	5.68	14.20%	19.00%	7.10%	2.90%	0.00%	9.50%	
WH Kings A2	102%	102%	100%	187%	3.16	2.79	5.95	22.10%	17.20%	2.10%	10.30%	0.00%	3.90%	
WH Kings C	95%	125%	100%	100%	2.70	2.76	5.46	16.60%	9.70%	0.00%	13.00%	0.00%	0.70%	
WH Kings D	106%	98%	103%	122%	3.35	2.86	6.21	14.50%	17.60%	6.20%	7.30%	0.00%	0.00%	
QE Bishopstone - split	80%	123%	93%	147%	2.63	3.66	6.29	17.20%	10.00%	1.20%	8.80%	7.50%	0.00%	
KC St Lawrence Ward	61%	87%	97%	61%	5.95	4.79	10.74	17.40%	10.50%	2.50%	6.80%	4.70%	0.00%	
QE Seabathing	70%	165%	99%	106%	2.68	4.60	7.28	15.20%	10.20%	1.10%	11.00%	0.00%	1.80%	
WH Critical Care	91%	73%	95%	N/A	23.00	1.00	24.00	12.60%	15.40%	1.10%	6.70%	2.80%	0.00%	
KC Critical Care	90%	N/A	86%	N/A	30.17	1.17	31.34	16.50%	32.30%	1.70%	7.60%	5.10%	0.00%	
QE Critical Care	70%	59%	70%	113%	22.22	3.43	25.65	18.00%	11.00%	2.40%	10.00%	1.60%	7.20%	
SHN														
WH Rotary Suite	96%	86%	101%	99%	4.39	2.79	7.18	14.20%	15.00%	0.00%	9.00%	0.00%	8.60%	
UEC														
KC MIU	74%	78%	97%	N/A				19.90%	0.00%	12.10%	46.70%	0.00%	0.00%	
WH CDU/Bethersden	79%	100%	98%	88%	8.07	5.32	13.40	14.00%	10.30%	5.70%	11.40%	8.20%	3.70%	
QE Minster+QE CDU	94%	119%	107%	119%	9.34	8.92	18.26	31.20%	24.20%	7.20%	5.30%	0.00%	5.20%	
W&C														
WH NICU	85%	85%	87%	52%	13.34	1.81	15.15	13.80%	4.80%	6.70%	1.00%	3.50%	0.00%	
WH Padua Ward	103%	N/A	104%	N/A	7.02	0.38	7.40	14.90%	14.10%	4.80%	10.10%	2.30%	0.00%	
QE Rainbow Ward	106%	N/A	96%	N/A	7.88	0.18	8.05	10.40%	19.20%	1.90%	2.00%	6.80%	7.40%	
QE Birchington Ward	88%	138%	96%	194%	2.99	2.71	5.71	13.50%	14.70%	1.80%	12.30%	0.30%	0.00%	
WH Kennington Ward	96%	105%	99%	N/A	3.80	2.59	6.39	15.30%	6.50%	2.50%	0.00%	0.80%	0.00%	
WH Maternity Labour and Folkestone	104%	82%	98%	100%	26.02	6.60	32.63	12.40%	14.90%	10.80%	2.80%	1.70%	0.00%	
MLU WHH	102%	98%	101%	100%	35.91	17.02	52.94	15.50%	14.90%	2.60%	0.00%	0.00%	20.20%	
QE Maternity Wards	103%	87%	95%	61%	17.53	4.74	22.28	14.90%	10.50%	2.10%	6.80%	0.60%	0.00%	
QE MLU	102%	92%	97%	97%	50.75	23.51	74.26	17.90%	4.00%	0.40%	1.50%	1.70%	0.00%	
QE SCBU	99%	93%	90%	81%	15.73	4.66	20.39	13.80%	16.10%	5.50%	2.30%	8.80%	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 (Six wards at K&C, six wards at QEQM) 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 September (October 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 (QE Critical Care 87.5%).
 - Two wards show higher than expected numbers of patients not recommending our services to their Friends and Family (Deal 5%, St Augustines 4.8%).
- 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), long lines of agency staff are being utilised 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.
 - **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.
 - **At QEQM** Quex, Sandwich Bay, St Margarets and Fordwich 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 is being 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 (33 wte), General and Specialist Medicine (118 wte) and Surgery and Anaesthetics (62wte of which 33 ITU). The vacancy level is particularly high in medicine due to recruitment to approved 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 in place to recruit 40 nurses by end 2019/20. 65 are due to commence in the New Year. 35 overseas nurses have been supported to achieve their NMC PIN so far this year;
- 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. Recruitment to 40 mental health support workers is underway 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.