

## The Publication of Nurse staffing Data – September 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 September are over 102% at both QEQM and WHH and over 84% at K&C, shown in Figure 1.

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

Hospital site	% Hours filled - planned against actual Sept-17				Overall % hours filled	Care Hours Per Patient Day (CHPPD) Sept-17			
	DAY		NIGHT			Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)					
Kent & Canterbury	72.5%	93.8%	81.5%	116.6%	<b>84.1%</b>	5724	4.5	3.1	<b>7.6</b>
Queen Elizabeth the Queen Mother	87.3%	120.8%	100.5%	123.7%	<b>102.6%</b>	9526	4.9	3.6	<b>8.4</b>
William Harvey	100.1%	103.4%	106.8%	97.3%	<b>102.2%</b>	10421	6.2	3.1	<b>9.3</b>

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 due to the temporary changes. All agency hours worked have been included in this report since Apr-16.

Figure 2. % hours filled against planned July-16 to Sept-17

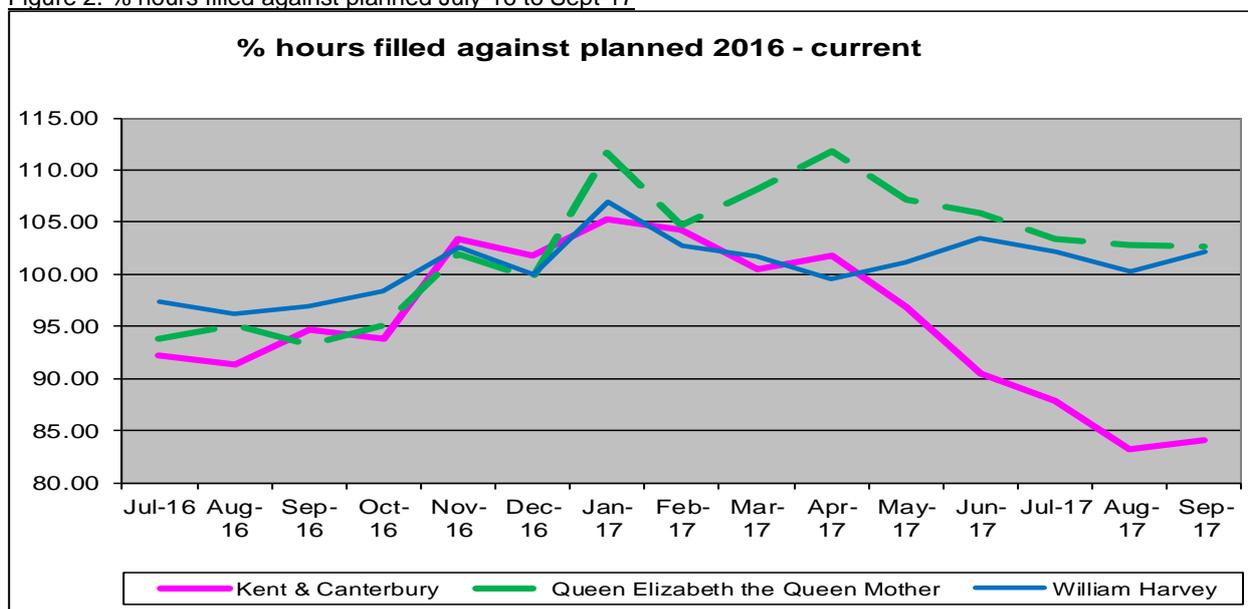


Figure 3 shows % hours filled against planned, during September, by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased 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 Sept-17

Non Effic Ref	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	A/L		Sickness		Parenting		Cumulative count over the month of patients at 23:59 each	Registered midwives/ nurses	Care Staff	Overall
					Registered	Unregistered	Registered	Unregistered	Registered	Unregistered				
WH Cambridge J2 Ward (Incl CCU)	73%	122%	99%	96%	18.30%	15.20%	3.2%	6.5%	0.00%	0.00%	752	5.4	3.0	8.4
WH Cambridge K Ward	101%	107%	119%	83%	17.30%	11.30%	1.0%	16.7%	0.00%	0.00%	758	4.3	3.5	7.8
WH Cambridge M2 Ward	97%	89%	94%	111%	13.50%	16.30%	5.0%	16.1%	6.4%	6.3%	562	3.3	2.1	5.4
QE Coronary Care Unit	86%	110%	92%	57%	20.60%	10.50%	0.6%	5.4%	0.00%	0.00%	359	4.8	2.2	7.0
QE Minster	81%	110%	100%	103%	15.20%	13.30%	0.6%	2.4%	0.00%	0.00%	647	2.9	3.3	6.1
WH Oxford Ward	105%	103%	99%	123%	12.90%	20.20%	5.7%	0.00%	2.3%	6.2%	391	4.7	2.9	7.6
QE Sandwich Bay Ward	106%	155%	104%	281%	14.30%	10.60%	0.00%	5.6%	7.0%	0.00%	580	3.3	3.9	7.3
QE St Margarets Ward	144%	130%	141%	162%	5.80%	13.70%	2.1%	28.6%	9.9%	0.4%	702	3.7	3.8	7.5
QE Deal Ward	82%	120%	94%	150%	15.10%	15.50%	1.9%	3.3%	7.7%	0.00%	772	2.6	3.2	5.9
KC Harvey Neurorehab	72%	93%	95%	117%	13.80%	14.70%	0.00%	3.1%	0.00%	0.00%	556	2.6	2.6	5.3
KC Invicta Ward	80%	89%	93%	194%	16.90%	12.60%	3.9%	6.9%	0.00%	0.00%	659	2.6	2.7	5.3
WH Cambridge L Rehab Ward	127%	102%	174%	116%	14.80%	10.80%	9.8%	6.6%	1.2%	0.5%	761	4.4	2.8	7.2
KC Treble Ward	58%	109%	93%	168%	17.10%	10.20%	7.1%	10.8%	2.1%	0.00%	480	2.9	3.9	6.9
KC Mount McMaster	56%	92%	95%	166%	22.40%	16.10%	14.3%	6.2%	2.2%	0.7%	460	3.1	3.6	6.7
QE Fordwich	77%	206%	80%	188%	13.20%	12.00%	7.5%	8.9%	4.9%	3.7%	669	3.9	4.6	8.5
KC Kingston	72%	135%	102%	165%	12.60%	15%	5.8%	2.3%	0.00%	0.00%	772	2.8	3.2	6.0
WH Richard Stevens Stroke Unit	84%	140%	99%	106%	14.30%	18.60%	6.4%	2.3%	8.4%	6.4%	639	4.4	3.3	7.7
KC Harbledown Ward	95%	109%	99%	112%	14.50%	10.30%	3.2%	8.6%	0.00%	0.00%	723	3.1	2.7	5.8
QE St Augustine Contingency Ward	90%	147%	98%	150%	17%	14%	6.0%	3.1%	0.00%	0.00%	825	2.3	3.0	5.3
QE CDU	113%	135%	151%	182%	9.60%	12.80%	5.8%	3.3%	13.2%	5.6%	666	7.1	4.2	11.3
WH CDU/Bethersden	94%	100%	102%	121%	15.40%	12.90%	8.1%	3.5%	2.7%	0.00%	687	8.2	4.5	12.7
<b>Surgical Services</b>														
WH Rotary Suite	95%	132%	97%	104%	10.40%	15.80%	0.8%	3.9%	4.9%	0.00%	423	5.0	3.5	8.5
QE Cheerful Sparrow Female	61%	151%	95%	98%	12.10%	15%	19.4%	5.9%	9.6%	0.00%	544	2.9	3.8	6.7
KC Clarke Ward	90%	86%	101%	85%	10.50%	15.10%	6.9%	3.5%	0.00%	0.00%	713	3.8	2.7	6.5
QE Cheerful Sparrow Male	76%	124%	97%	104%	20.00%	8.50%	9.4%	5.7%	5.4%	0.00%	531	2.7	4.7	7.5
KC Kent Ward	90%	95%	102%	86%	16.70%	17.00%	1.3%	10.3%	0.2%	6.5%	379	5.7	2.8	8.5
WH Kings B	86%	100%	102%	98%	15.70%	12.40%	2.2%	0.5%	0.00%	6.8%	731	2.6	2.4	5.0
WH Kings A2	93%	116%	100%	184%	15.10%	13.90%	1.0%	0.7%	0.00%	0.00%	532	3.2	3.2	6.4
WH Kings C	88%	110%	100%	102%	11.10%	18.00%	2.6%	6.4%	7.1%	0.00%	740	2.6	2.9	5.6
WH Kings C2	72%	95%	96%	100%	18.80%	15.30%	3.0%	1.5%	7.3%	0.00%	571	3.2	3.0	6.2
WH Kings D	90%	105%	89%	105%	13.70%	16.30%	3.7%	3.4%	3.5%	0.00%	664	5.7	4.9	10.6
QE Quex Ward	77%	152%	103%	86%	13.70%	13.00%	6.5%	8.0%	0.00%	16.0%	562	2.6	3.8	6.3
QE Trauma Floor	62%	118%	87%	112%	33.40%	17.90%	1.4%	3.2%	0.00%	0.00%	636	2.4	3.1	5.5
WH Critical Care	150%	127%	141%	57%	14.00%	22.90%	2.2%	7.8%	6.3%	0.00%	342	27.3	3.5	30.8
KC Critical Care	74%	189%	87%	N/A	16.60%	13.10%	5.0%	0.00%	8.5%	0.00%	146	26.3	1.8	28.1
QE Critical Care	87%	89%	103%	N/A	15.80%	12.00%	5.0%	0.00%	2.0%	0.00%	222	23.7	1.6	25.4
<b>Specialist Services</b>														
KC Marlowe Ward	104%	89%	99%	102%	13.60%	13.60%	5.4%	10.4%	1.8%	6.9%	653	6.5	3.1	9.6
WH NICU	105%	79%	100%	35%	12.70%	12.30%	8.1%	4.5%	3.8%	0.00%	552	10.9	0.8	11.7
WH Padua Ward	92%	82%	103%	67%	18.40%	10.00%	2.6%	3.4%	3.6%	16.6%	438	8.1	1.2	9.3
QE Rainbow Ward	101%	82%	101%	55%	18.30%	15.50%	2.0%	2.3%	0.00%	0.00%	329	9.7	2.8	12.5
QE Birchington Ward	76%	127%	99%	104%	17.70%	17.00%	4.4%	0.6%	0.00%	0.00%	408	4.2	2.8	7.0
WH Kennington Ward	85%	94%	92%	N/A	16.40%	16.00%	9.3%	0.00%	7.8%	0.00%	287	4.7	2.2	6.8
KC Brabourne Haematology Ward	81%	80%	100%	N/A	19.40%	11.70%	0.00%	0.00%	0.00%	0.00%	157	10.6	2.0	12.6
WH Maternity Labour and Folkestone	106%	54%	94%	68%	15.20%	15.80%	14.1%	8.50%	2.7%	9.2%	507	12.8	3.8	16.6
MLU WHH	132%	172%	118%	92%	16.20%	13.50%	2.9%	6.7%	0.00%	0.00%	84	21.4	11.4	32.8
QE Maternity Wards	94%	82%	87%	79%	9.60%	18.30%	6.2%	2.60%	8.8%	3.50%	359	15.5	6.6	22.1
QE MLU	83%	64%	89%	77%	10.20%	22.40%	3.4%	0.00%	10.3%	16.7%	33	36.9	15.2	52.1
QE SCBU	90%	58%	98%	N/A	13.70%	16.00%	7.4%	5.0%	3.9%	0.00%	215	10.4	2.0	12.5

Low fill rates are seen:

- In registered nurse shifts on Kingston, Quex, the QE trauma floor and Birchington due to high sickness and on Cambridge J due to high sickness and the impact of vacancies. The low fill rates seen on Treble, MountMcMaster, Fordwich, Cheerful Sparrows Female, Kings C2 and K&C critical care are due to a combination of high sickness and maternity leave. Care Hours Per Patient Day was maintained near or above 6.0 on all these wards using temporary staff except on Harvey (5.3) and the QE trauma floor (5.5) where vacancy levels and high annual leave impacted on the low fill rate;
- Other wards (WHH critical care, QE CCU, Braeborne, Paediatric, NICU 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.

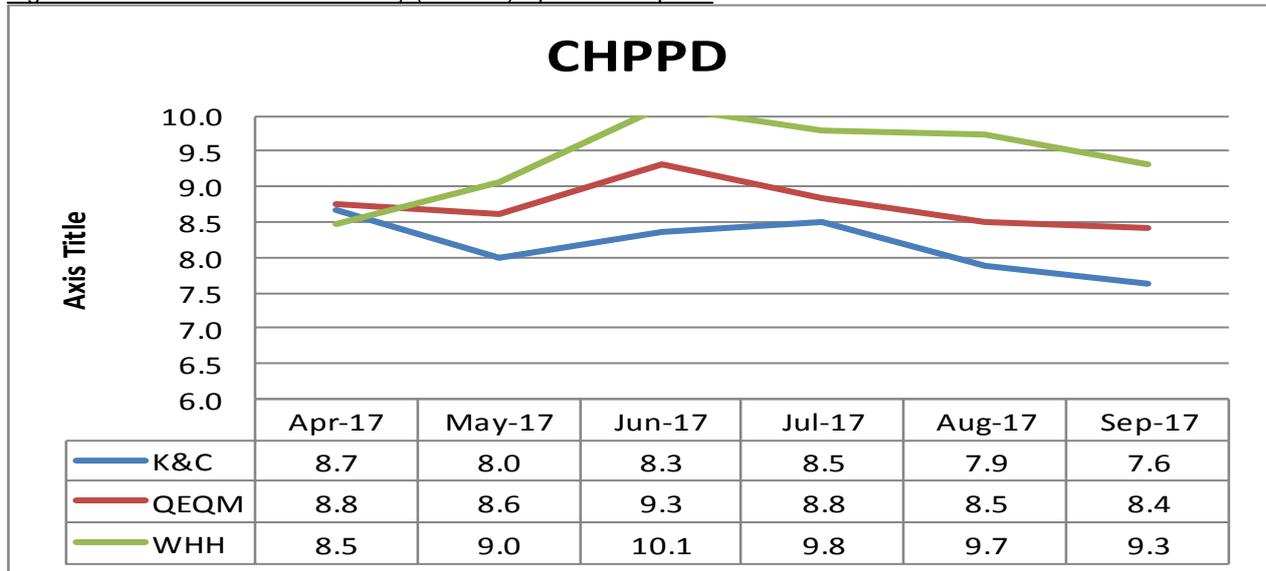
Actions in place include:

- 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.

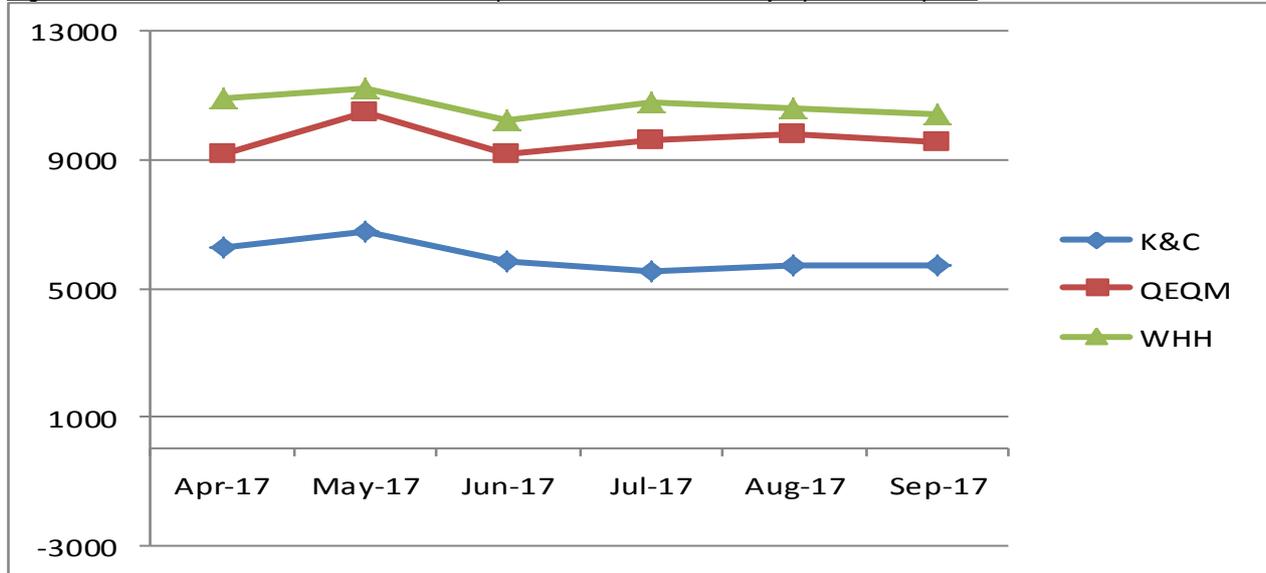
Figure 4. Care Hours Per Patient Day (CHPPD) Apr-17 to Sept-17



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 Specialising within our wards. Overall CHPPD in Sept-17 is 8.4.

CHPPD has fallen slightly on all three sites against a small reduction in activity at QEQM and WHH and similar activity at K&C, shown in figure 5, and this is reflected in the plateau seen this month in %fill against budgeted establishments.

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



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
K&C	6289	6758	5846	5539	5706	5724
QEQM	9185	10480	9156	9612	9770	9526
WHH	10937	11222	10241	10809	10626	10421