

The Publication of Nurse staffing Data – May 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 May are over 107% at QEQM, over 100% at WHH and over 96% at K&C, shown in Figure 1.

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

| Hospital site | % Hours filled - planned against actual May-17 | | | | | Care Hours Per Patient Day (CHPPD) May-17 | | | |
|----------------------------------|---|------------------------------------|---|------------------------------------|------------------------|---|-----------------------------|------------|---------|
| | DAY | | NIGHT | | Overall % hours filled | 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 | 87.8% | 100.1% | 96.8% | 129.1% | 96.9% | 6758 | 5.1 | 2.9 | 8.0 |
| Queen Elizabeth the Queen Mother | 97.1% | 114.7% | 103.0% | 136.4% | 107.1% | 10480 | 5.2 | 3.4 | 8.6 |
| William Harvey | 100.8% | 101.2% | 100.8% | 103.0% | 101.1% | 11222 | 6.0 | 3.0 | 9.0 |

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 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. All agency hours worked have been included in this report since Apr-16.

Figure 2. % hours filled planned against actual Mar-16 to May-17

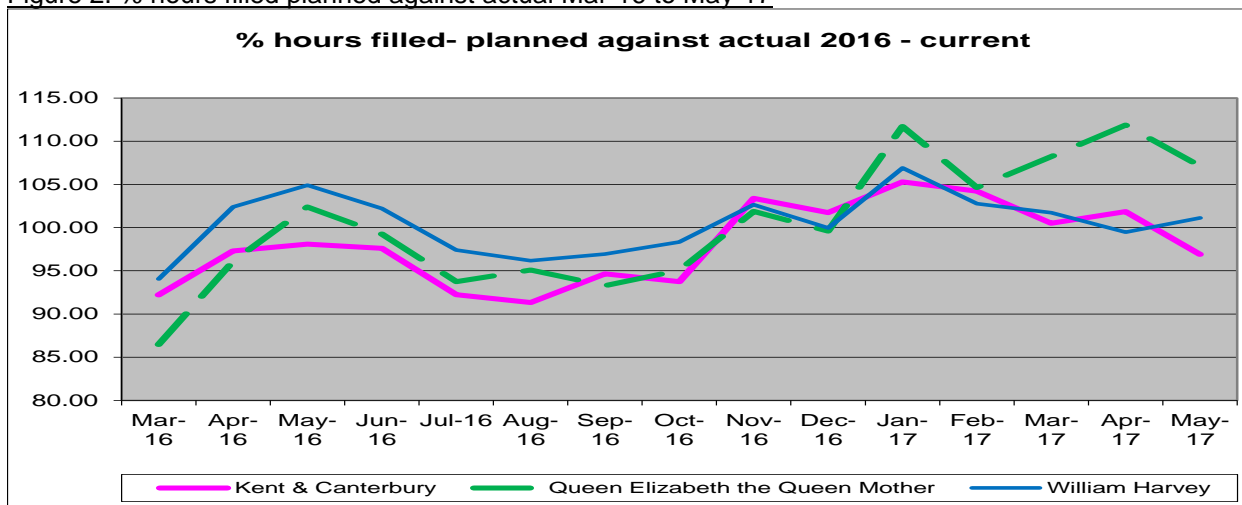


Figure 3 shows total monthly hours actual against planned and % fill during May by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times 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. Total monthly hours actual against planned and % fill and CHPPD by ward during May-17

| | DAY | | NIGHT | | Unavailability % | | | | | | 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 (%) | A/L | | Sickness | | Parenting | | Cumulative count over the month of patients at 23:59 each day | Registered midwives/ nurses | Care Staff | Overall |
| | | | | | Registered | Unregistered | Registered | Unregistered | Registered | Unregistered | | | | |
| UCLTC | | | | | | | | | | | | | | |
| Cambridge J | 111% | 133% | 107% | 111% | 8.20% | 13.60% | 8.30% | 11.50% | 0.00% | 0.00% | 1033 | 3.3 | 2.9 | 6.2 |
| Cambridge K | 91% | 141% | 100% | 128% | 9.70% | 10.60% | 3.00% | 10.30% | 0.00% | 0.00% | 813 | 3.2 | 2.4 | 5.6 |
| Cambridge M1 | 104% | 105% | 105% | 128% | 13.90% | 12.10% | 10.50% | 5.30% | 0.00% | 8.10% | 575 | 3.6 | 2.5 | 6.2 |
| Cambridge M2 | 104% | 105% | 105% | 128% | 13.90% | 12.10% | 10.50% | 5.30% | 0.00% | 8.10% | 575 | 3.6 | 2.5 | 6.2 |
| Coronary Care Unit (K&C) | 75% | N/A | 100% | N/A | 14.00% | 0% | 3.00% | 0.00% | 0.00% | 0.00% | 223 | 7.0 | 0.0 | 7.0 |
| Coronary Care Unit (QEQMH) | 101% | 68% | 123% | 59% | 13.80% | 22.60% | 0.50% | 25.60% | 0.00% | 0.00% | 358 | 6.2 | 1.7 | 7.8 |
| Coronary Care Unit (WHH) | 108% | 68% | 90% | 58% | 16.10% | 13.50% | 2.10% | 2.40% | 0.00% | 0.00% | 283 | 11.9 | 1.6 | 13.5 |
| Minster | 101% | 110% | 95% | 129% | 12.00% | 12.80% | 1.80% | 2.80% | 0.00% | 0.00% | 691 | 3.2 | 3.4 | 6.6 |
| Oxford | 111% | 115% | 103% | 133% | 10.50% | 17.00% | 2.00% | 0.00% | 0.00% | 0.00% | 412 | 4.9 | 3.2 | 8.0 |
| Sandwich Bay | 149% | 178% | 179% | 272% | 14.40% | 9.70% | 7.60% | 7.60% | 7.30% | 0.00% | 625 | 4.9 | 4.0 | 9.0 |
| St Margarets | 101% | 146% | 92% | 206% | 13.30% | 15.70% | 2.40% | 11.50% | 0.00% | 0.00% | 761 | 2.4 | 4.2 | 6.7 |
| Deal | 115% | 108% | 111% | 161% | 8.30% | 13.00% | 0.30% | 3.20% | 20.50% | 0.00% | 767 | 3.5 | 3.3 | 6.8 |
| Harvey | 77% | 133% | 95% | 235% | 15.60% | 12.90% | 1.90% | 0.00% | 0.00% | 0.00% | 587 | 2.7 | 4.1 | 6.7 |
| Invicta | 83% | 102% | 102% | 198% | 7.50% | 9.50% | 16.10% | 8.20% | 0.00% | 0.00% | 701 | 2.7 | 2.8 | 5.5 |
| Cambridge L | 98% | 105% | 106% | 152% | 12.40% | 14.50% | 10.40% | 12.50% | 0.00% | 0.00% | 786 | 3.2 | 3.2 | 6.4 |
| Treble | 91% | 70% | 100% | 195% | 10.60% | 18.20% | 3.00% | 14.30% | 7.00% | 0.00% | 550 | 3.4 | 2.9 | 6.3 |
| Mount/McMaster | 82% | 105% | 89% | 204% | 7.80% | 7.60% | 4.40% | 15.20% | 0.00% | 0.00% | 734 | 2.4 | 2.7 | 5.1 |
| Fordwich Stroke Unit | 88% | 177% | 78% | 206% | 14.90% | 14.00% | 3.80% | 4.90% | 2.60% | 0.00% | 649 | 4.7 | 4.7 | 9.4 |
| Kingston Stroke Unit | 79% | 116% | 99% | 122% | 6.00% | 16% | 9.80% | 11.40% | 0.00% | 0.00% | 709 | 3.3 | 2.9 | 6.2 |
| Richard Stevens Stroke Unit | 101% | 88% | 90% | 85% | 11.20% | 15.00% | 2.10% | 10.00% | 8.00% | 0.00% | 655 | 4.6 | 2.4 | 7.0 |
| Harbledown | 83% | 106% | 98% | 121% | 14.60% | 12.90% | 0.50% | 8.50% | 0.00% | 0.00% | 716 | 3.0 | 2.9 | 5.9 |
| QE St Augustine Contingency Ward | 101% | 109% | 100% | 123% | 16% | 17% | 1.70% | 5.40% | 0.00% | 7.10% | 927 | 2.4 | 2.1 | 4.5 |
| QE CDU | 93% | 171% | 152% | 191% | 13.70% | 12.00% | 2.60% | 7.00% | 0.00% | 0.00% | 772 | 5.8 | 4.4 | 10.2 |
| WH CDU/Bethersden | 94% | 107% | 110% | 97% | 14.60% | 13.50% | 3.80% | 7.80% | 0.00% | 0.00% | 690 | 8.8 | 4.6 | 13.3 |
| Emergency Care Unit | 89% | 110% | 91% | 93% | 11.40% | 17.50% | 10.30% | 9.60% | 1.60% | 0.00% | 287 | 17.8 | 6.8 | 24.6 |
| SURICAL SERVICES | | | | | | | | | | | | | | |
| Rotary Suite | 106% | 92% | 100% | 121% | 14.90% | 18.30% | 2.00% | 0.60% | 0.00% | 0.00% | 407 | 5.9 | 3.1 | 9.0 |
| Cheerful Sparrows Female | 87% | 99% | 89% | 89% | 12.50% | 17% | 5.20% | 8.80% | 0.00% | 0.00% | 709 | 3.2 | 2.6 | 5.8 |
| Clarke | 84% | 97% | 96% | 85% | 15.90% | 12.10% | 4.60% | 11.00% | 0.00% | 0.00% | 797 | 3.5 | 2.7 | 6.2 |
| Cheerful Sparrows Male | 86% | 97% | 81% | 128% | 14.80% | 15.50% | 5.00% | 11.50% | 6.20% | 0.00% | 665 | 3.3 | 3.4 | 6.7 |
| Kent | 105% | 96% | 94% | 93% | 12.80% | 14.10% | 1.00% | 4.40% | 0.00% | 10.40% | 471 | 5.2 | 2.5 | 7.7 |
| Kings B Ward - WHH | 97% | 98% | 129% | 106% | 18.80% | 10.30% | 1.00% | 3.20% | 0.00% | 8.00% | 729 | 3.2 | 2.5 | 5.7 |
| Kings A2 | 93% | 103% | 99% | 133% | 10.50% | 21.10% | 12.30% | 2.10% | 0.00% | 0.00% | 540 | 3.3 | 2.7 | 6.1 |
| Kings C1 | 104% | 123% | 100% | 100% | 17.10% | 12.80% | 0.80% | 9.80% | 0.00% | 0.00% | 796 | 2.8 | 2.7 | 5.5 |
| Kings C2 | 68% | 107% | 90% | 98% | 9.80% | 18.80% | 0.00% | 3.70% | 9.00% | 0.00% | 640 | 2.9 | 2.9 | 5.7 |
| Kings D Female & Male | 109% | 100% | 101% | 150% | 14.40% | 14.70% | 0.50% | 5.60% | 0.00% | 0.00% | 706 | 6.2 | 5.1 | 11.3 |
| Quex | 106% | 83% | 102% | 91% | 11.00% | 20.40% | 7.30% | 16.60% | 0.00% | 9.30% | 525 | 4.3 | 1.1 | 5.4 |
| Trauma floor | 81% | 76% | 95% | 91% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 740 | 5.0 | 4.2 | 9.2 |
| Critical Care - WHH | 126% | 116% | 118% | 71% | 9.90% | 11.70% | 7.40% | 0.00% | 9.50% | 0.00% | 288 | 29.1 | 4.1 | 33.2 |
| Critical Care - KCH | 92% | 80% | 102% | N/A | 13.50% | 28.30% | 2.10% | 0.00% | 10.10% | 0.00% | 169 | 27.9 | 0.8 | 28.7 |
| Critical Care - QMH | 94% | 71% | 112% | N/A | 11.30% | 12.00% | 4.60% | 15.50% | 5.00% | 0.00% | 230 | 25.4 | 1.4 | 26.8 |
| SPECIALIST SERVICES | | | | | | | | | | | | | | |
| KC Marlowe Ward | 96% | 89% | 93% | 101% | 15.90% | 12.70% | 5.30% | 10.00% | 0.00% | 6.40% | 666 | 6.2 | 3.2 | 9.4 |
| WH NICU | 102% | 106% | 100% | 167% | 12.90% | 4.90% | 5.10% | 1.40% | 1.80% | 0.00% | 577 | 8.2 | 1.1 | 9.3 |
| WH Padua Ward | 95% | 84% | 103% | 65% | 9.90% | 7.70% | 4.20% | 13.80% | 8.10% | 8.30% | 518 | 8.0 | 2.3 | 10.3 |
| QE Rainbow Ward | 112% | 82% | 114% | N/A | 11.90% | 19.70% | 3.80% | 0.60% | 4.10% | 0.00% | 364 | 10.0 | 2.8 | 12.7 |
| QE Birchington Ward | 101% | 102% | 101% | 97% | 10.20% | 8.90% | 0.00% | 1.00% | 0.00% | 0.70% | 499 | 4.3 | 2.1 | 6.4 |
| WH Kennington Ward | 95% | 78% | 97% | N/A | 8.70% | 10.20% | 0.90% | 0.00% | 0.00% | 0.00% | 255 | 6.7 | 3.0 | 9.8 |
| KC Brabourne Haematology Ward | 87% | 64% | 104% | N/A | 7.30% | 22.70% | 8.40% | 0.00% | 0.00% | 0.00% | 148 | 12.5 | 1.8 | 14.3 |
| WH Maternity Labour and Folkestone | 93% | 71% | 81% | 52% | 0.00% | 9.70% | 0.00% | 14.90% | 0.00% | 7.10% | 441 | 19.3 | 5.5 | 24.8 |
| MLU WHH | 122% | 100% | 100% | 100% | 20.10% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 78 | 2.1 | 0.9 | 3.0 |
| QE Maternity Wards | 78% | 84% | 81% | 78% | 0.00% | 11.80% | 0.00% | 9.10% | 0.00% | 6.80% | 366 | 19.4 | 8.8 | 28.2 |
| QE MLU | 82% | 100% | 83% | 33% | 44.50% | 0.00% | 4.30% | 30.60% | 14.80% | 31.30% | 35 | 3.3 | 1.3 | 4.7 |
| QE SCBU | 79% | 96% | 100% | N/A | 16.00% | 6.70% | 4.70% | 5.80% | 0.00% | 0.00% | 157 | 14.2 | 4.4 | 18.6 |

Low fill rates are seen:

- In registered nurse shifts on Harvey and Fordwich wards due to vacancies, on Kingston due to high sickness and Kings C2 due to maternity leave;
- For support workers shifts in CCUs and Treble ward due to high levels of sickness;
- Other wards (Critical care units, Padua, Kennington, Braeborne, 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.

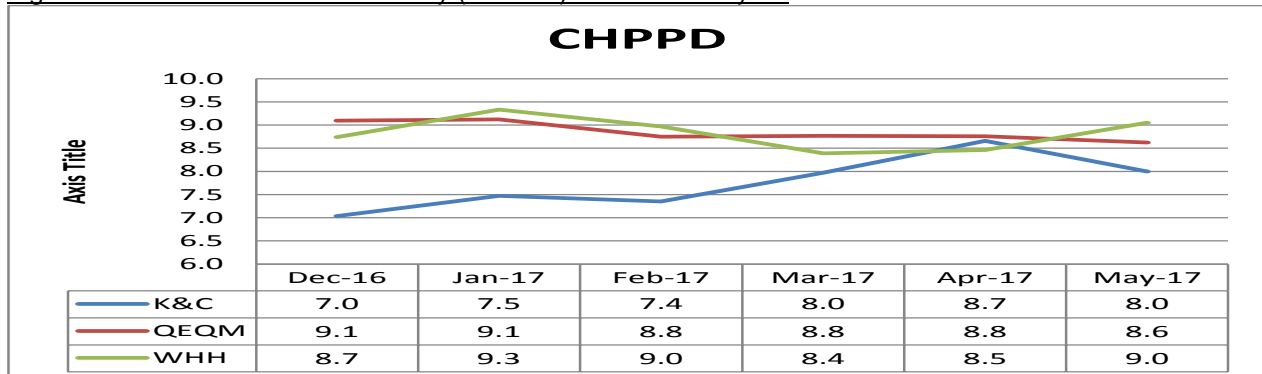
Actions in place include:

- 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 has commenced 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;
- Retention is being addressed 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) Dec-16 to May-17



Comparative data within the Model Hospital dashboard for Jan-17 shows EKHUFT average of 8.8 against a peer median (based on both spend and clinical output) of 8.2 and a national median of 7.6 (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. The EKHUFT overall average CHPPD in May-17 is 8.4 (8.6 in April).

CHPPD has been sustained in May against a slight increase in activity and use of contingency beds shown in figure 5 and this is reflected in the continued rate of over 100% seen this month in %fill against budgeted establishments.

Figure 5. Cumulative count over the month of patients at 23.59 each day Dec-16 to May-17

