

The Publication of Nurse staffing Data – December 2018

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 December are over 105% at QEQM, over 95% at WHH and over 91% at K&C, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during Dec-18

Site	% hours filled - planned against actual Dec-18				Overall % hours filled	Care Hours Per Patient Day (CHPPD)			
	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	71%	119%	92%	108%	91.5%	5865	3.9	3.2	7.1
Queen Elizabeth the Queen Mother	90%	119%	102%	135%	105.9%	9709	4.9	3.9	8.8
William Harvey	91%	99%	96%	106%	95.9%	10766	6.1	3.1	9.2

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 July-18 to Dec-18

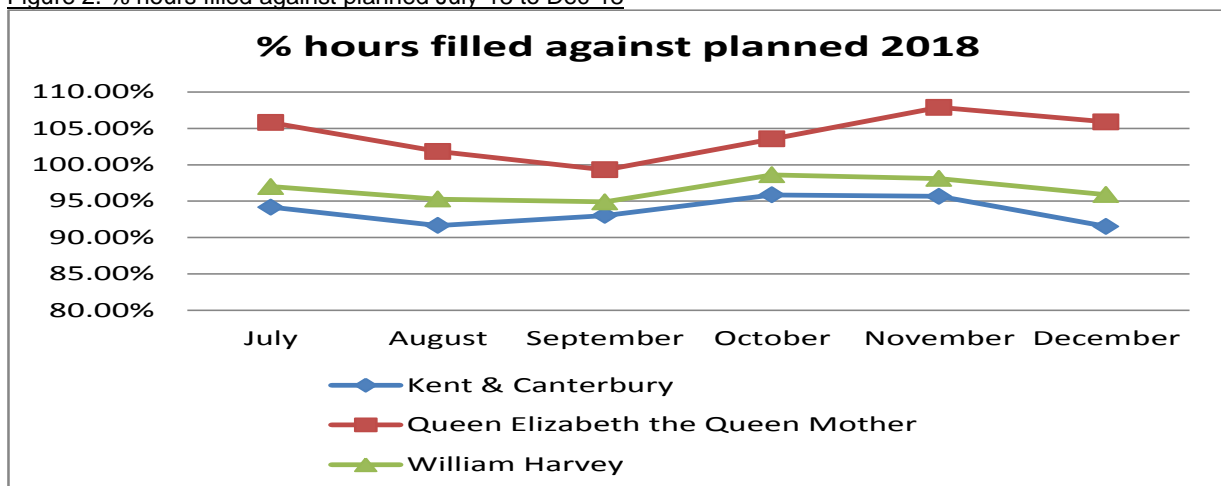


Figure 3 shows % hours filled against planned, during December, by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased 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 Dec-18

	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	A/L Unregistered	Sickness Registered	Sickness Unregistered	Parenting Registered	Parenting Unregistered	
Medicine														
WH Cambridge J2 Ward	116%	151%	164%	123%	4.8	2.7	7.4	13.70%	3.50%	0.40%	7.90%	0.00%	0.00%	
WH Cambridge K Ward	102%	85%	97%	87%	3.6	2.5	6.1	12.20%	11.90%	2.90%	8.00%	8.10%	0.00%	
WH Cambridge M1 Ward	93%	116%	99%	114%	3.5	2.7	6.2	16.20%	6.60%	7.90%	0.90%	9.30%	0.00%	
WH Cambridge M2 Ward	93%	116%	99%	114%	3.3	2.6	6.0	16.20%	6.60%	7.90%	0.90%	9.30%	0.00%	
QE Coronary Care Unit	87%	123%	100%	100%	4.7	2.8	7.5	9.40%	8.00%	9.00%	0.00%	0.00%	14.00%	
QE Minster	92%	112%	56%	131%	4.5	6.8	11.3	16.30%	7.40%	0.00%	6.70%	0.00%	0.00%	
WH Oxford Ward	91%	85%	102%	105%	4.5	2.5	6.9	14.70%	17.00%	10.50%	10.90%	4.60%	0.00%	
QE Sandwich Bay Ward	101%	156%	128%	203%	3.4	3.2	6.6	11.00%	8.80%	3.40%	8.10%	0.00%	0.00%	
QE St Margarets Ward	76%	121%	93%	136%	2.1	3.3	5.4	10.80%	7.10%	0.80%	18.40%	0.00%	0.50%	
QE Deal Ward	85%	185%	116%	173%	2.4	3.7	6.0	13.20%	3.20%	1.20%	8.00%	13.70%	0.00%	
KC Harvey Neurorehab	60%	113%	100%	103%	2.4	2.7	5.1	14.70%	13.80%	0.60%	1.80%	9.10%	0.00%	
KC Invicta Ward	77%	181%	95%	131%	2.7	3.5	6.2	11.20%	11.30%	13.90%	11.60%	6.00%	0.00%	
WH Cambridge L Rehab Ward	79%	113%	101%	110%	3.0	3.1	6.1	17.30%	7.90%	3.10%	2.50%	0.00%	0.00%	
KC Treble Ward	80%	86%	95%	92%	4.1	3.9	8.0	13.20%	15.80%	0.60%	14.50%	0.00%	0.00%	
KC Mount McMaster	55%	210%	101%	111%	2.1	2.9	5.0	16.90%	12.60%	3.40%	1.10%	12.30%	0.50%	
QE Fordwich	75%	103%	97%	173%	3.2	3.9	7.1	13.10%	10.10%	4.40%	14.00%	0.00%	0.00%	
KC Kingston	38%	139%	100%	119%	1.9	3.7	5.6	13.90%	14%	3.90%	4.00%	0.00%	0.00%	
WH Richard Stevens Stroke Unit	93%	105%	98%	142%	4.2	3.7	7.9	12.00%	5.90%	6.00%	12.20%	2.40%	11.30%	
KC Harbledown Ward	54%	121%	98%	133%	2.2	3.1	5.3	11.10%	9.80%	2.70%	11.50%	0.00%	0.00%	
QE St Augustine Ward	65%	132%	98%	145%	2.0	2.9	4.9	3%	15%	3.30%	11.50%	0.00%	0.00%	
WH Bartholomew Unit	98%	110%	97%	97%	8.3	3.3	11.6	12%	12%	1.40%	2.20%	4.90%	5.50%	
QE Quex Ward	68%	166%	89%	156%	2.2	4.0	6.1	10.30%	6.80%	0.60%	0.80%	0.00%	0.00%	
KC MIU	68%	109%	79%	N/A				14.10%	12.30%	24.30%	0.00%	0.00%	0.00%	
QE CDU	113%	116%	117%	141%				13.30%	9.80%	5.10%	1.80%	0.00%	5.10%	
WH CDU/Bethersden	71%	81%	85%	126%				11.10%	12.00%	8.00%	12.50%	4.90%	0.00%	
Surgery														
WH Rotary Suite	89%	110%	99%	139%	4.5	3.9	8.4	18.20%	17.00%	2.70%	8.40%	7.20%	0.00%	
QE Cheerful Sparrow Female	90%	129%	102%	142%	2.7	3.9	6.6	13.00%	7%	3.30%	6.40%	9.30%	12.90%	
KC Clarke Ward	77%	97%	90%	88%	3.4	3.0	6.3	12.10%	8.90%	13.40%	11.90%	0.00%	0.00%	
QE Cheerful Sparrow Male	102%	133%	105%	153%	2.7	4.0	6.7	13.60%	11.10%	4.70%	6.40%	0.00%	0.00%	
KC Kent Ward	69%	92%	82%	69%	5.9	3.7	9.6	13.30%	10.40%	12.40%	25.70%	5.80%	0.00%	
WH Kings B	105%	114%	98%	133%	3.1	3.1	6.1	18.40%	12.30%	0.80%	6.60%	2.70%	0.00%	
WH Kings A2	102%	114%	101%	142%	3.3	2.8	6.1	10.80%	9.70%	1.50%	8.30%	7.00%	5.30%	
WH Kings C	103%	135%	98%	100%	2.8	3.2	6.1	16.50%	7.90%	1.60%	2.00%	0.00%	0.00%	
WH Kings C2	34%	23%	36%	33%	2.1	1.2	3.3	16.40%	0.00%	0.00%	0.00%	43.40%	94.80%	
WH Kings D	98%	126%	91%	115%	3.5	3.2	6.7	11.10%	16.50%	1.80%	7.50%	0.00%	0.00%	
QE Bishopstone	90%	62%	86%	91%	4.2	3.0	7.2	10.40%	10.80%	1.60%	2.10%	0.00%	0.00%	
QE Seabathing	83%	148%	121%	104%	2.7	3.2	5.9	8.10%	8.00%	10.50%	7.20%	0.40%	0.00%	
WH Critical Care	81%	47%	87%	N/A	22.9	0.7	23.6	12.30%	6.50%	2.60%	16.60%	0.00%	10.00%	
KC Critical Care	81%	N/A	81%	N/A	24.3	1.2	25.5	11.60%	2.70%	1.80%	0.00%	0.00%	0.00%	
QE Critical Care	91%	93%	113%	N/A	21.0	1.6	22.6	13.10%	16.30%	2.60%	0.00%	4.10%	0.00%	
Specialist														
KC Marlowe Ward	100%	97%	94%	97%	4.7	2.6	7.3	13.70%	12.00%	7.70%	14.90%	0.00%	0.00%	
WH NICU	99%	84%	100%	30%	14.3	1.5	15.8	14.30%	15.10%	7.40%	5.90%	3.60%	0.00%	
WH Padua Ward	86%	86%	102%	45%	4.7	0.6	5.4	11.80%	10.60%	5.20%	18.60%	4.30%	10.60%	
QE Rainbow Ward	96%	94%	110%	116%	9.0	2.9	11.9	11.00%	11.10%	1.70%	9.70%	6.50%	10.50%	
QE Birchington Ward	91%	102%	97%	186%	3.7	2.5	6.2	15.10%	10.90%	5.00%	3.50%	0.00%	16.50%	
WH Kennington Ward	100%	105%	84%	N/A	4.7	3.4	8.2	10.90%	8.10%	0.00%	8.10%	8.10%	0.00%	
KC Brabourne Haematology Ward	87%	76%	99%	N/A	12.9	2.7	15.6	11.30%	8.50%	7.70%	19.80%	7.00%	0.00%	
WH Maternity Labour and Folkestone	100%	70%	98%	76%	29.9	9.1	39.0	15.20%	9.30%	10.40%	7.90%	2.60%	4.40%	
MLU WHH	91%	111%	94%	107%	37.3	21.3	58.5	13.60%	13.10%	6.20%	2.70%	0.00%	0.00%	
QE Maternity Wards	96%	74%	99%	80%	15.6	5.2	20.8	11.40%	22.80%	3.50%	12.70%	7.60%	5.80%	
QE MLU	90%	91%	94%	91%	84.2	41.8	126.0	11.50%	10.10%	15.10%	16.10%	0.00%	0.00%	
QE SCBU	114%	73%	92%	N/A	11.7	1.6	13.3	13.20%	15.00%	6.20%	3.10%	4.70%	0.00%	

Low fill rates are seen:

- In registered nurse shifts on St Margarets, Harvey, Invicta, Cambridge L, Mount McMaster, Fordwich, Kingston, Harbeldown, St Augustines, Quex and WHH CDU. 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 3.3 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 underway;
- 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 will allow the live capture of patient acuity and 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 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 Dec-18 average is 8.9 (K&C 7.1, QEQM 8.8 and WHH 9.2 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 Dec-18

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

Comparative data within the Model Hospital dashboard for Oct-18, the most recent available, 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).

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