

The Publication of Nurse staffing Data – March 2019

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 March are over 105% at QEQM, over 99% at WHH and over 93% at K&C, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during Mar-19

Site	DAY		NIGHT		Overall hours filled - Nurse & care staff (%)	Cumulative count of bed state at 23.59 each day	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 (%)			Registered midwives/ nurses (%)	Care Staff (%)	Overall (%)
Kent & Canterbury	71%	122%	88%	118%	93.14%	6220	3.9	3.5	7.4
Queen Elizabeth the Queen Mothe	88%	120%	102%	143%	105.78%	7947	5.9	4.8	10.6
William Harvey	92%	108%	99%	110%	99.29%	11460	5.8	3.1	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. All agency hours worked have been included in this report along with the majority of all Managed Service agency shifts and retrospective shifts.

Figure 2. % hours filled against planned Aug-18 to Mar-19

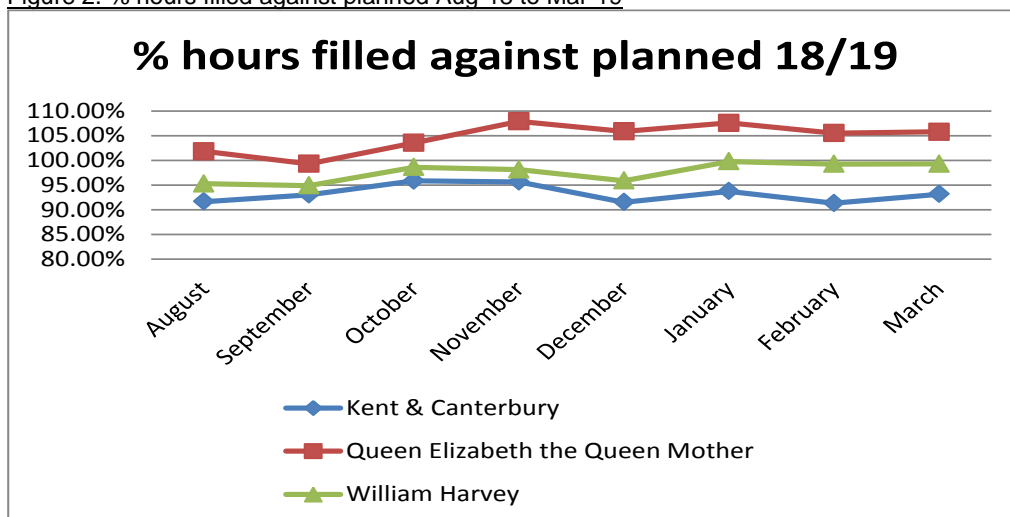


Figure 3 shows % hours filled against planned, during March, by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand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

Lower fill rates are largely linked to vacancies and sickness, as well as parenting leave, shown in figure 3. 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 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 Mar-19

Cancer	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		Sickness		Parenting	
								Registered	Unregistered	Registered	Unregistered	Registered	Unregistered
KC Brabourne Haematology Ward	85%	71%	100%	N/A	10.19	1.80	11.98	15.50%	24.50%	5.80%	3.50%	7.30%	0.00%
GSM													
Cambridge J	125%	186%	226%	129%	6.07	3.06	9.13	13.10%	12.00%	8.00%	4.60%	0.00%	0.00%
Cambridge K	94%	109%	94%	106%	3.59	3.29	6.88	16.50%	13.40%	1.90%	12.50%	0.09%	0.00%
Cambridge M1	95%	110%	94%	101%	3.55	2.59	6.14	18.70%	10.90%	2.40%	4.20%	0.05%	0.00%
Cambridge M2	95%	110%	94%	101%	3.30	2.40	5.70	18.70%	10.90%	2.40%	4.20%	0.05%	0.00%
Coronary Care Unit (QEQMH)	86%	107%	100%	158%	4.50	2.99	7.49	7.30%	17.00%	23.40%	3.70%	0.00%	0.00%
Oxford	97%	98%	99%	165%	4.76	3.29	8.05	21.30%	8.80%	8.80%	5.20%	11.10%	0.00%
Sandwich Bay	113%	168%	140%	260%	3.85	3.55	7.41	14.50%	6.10%	0.00%	4.60%	0.00%	0.00%
St Margarets	66%	150%	100%	148%	2.06	3.70	5.76	20.00%	11.10%	1.50%	13.30%	0.00%	4.80%
Deal	87%	169%	97%	171%	2.27	3.38	5.65	17.60%	18.00%	3.10%	1.50%	13.90%	5.50%
Harvey	58%	105%	61%	158%	1.93	2.93	4.86	14.90%	11.80%	10.60%	6.40%	8.10%	0.00%
Invicta	84%	184%	93%	128%	2.40	3.05	5.44	17.30%	11.40%	4.80%	17.10%	6.20%	0.00%
Cambridge L	89%	105%	151%	102%	3.36	3.12	6.48	18.60%	13.30%	4.20%	7.00%	0.00%	0.00%
Treble	64%	98%	84%	127%	2.70	3.81	6.51	16.20%	18.00%	13.20%	0.00%	0.00%	0.00%
Mount/McMaster	62%	207%	111%	115%	2.20	2.82	5.02	13.20%	15.40%	0.00%	11.30%	10.80%	0.00%
Fordwich Stroke Unit	88%	104%	103%	150%	3.55	3.49	7.04	13.20%	12.50%	2.80%	8.30%	0.00%	0.00%
Kingston Stroke Unit	51%	117%	96%	111%	1.94	3.12	5.06	14.30%	13.70%	2.70%	3.60%	0.00%	0.00%
Richard Stevens Stroke Unit	68%	118%	93%	134%	3.51	3.71	7.23	13.20%	7.80%	9.90%	0.90%	3.90%	14.50%
Harbledown	64%	141%	87%	137%	2.08	3.15	5.23	15.20%	5.10%	6.00%	6.50%	0.00%	0.00%
QE St Augustine Contingency Ward	60%	145%	99%	145%	1.90	3.01	4.92	11.70%	11.60%	10.80%	7.40%	0.00%	0.00%
BARTHOLOMEW UNIT (WARD)	100%	96%	98%	97%	8.44	3.11	11.54	18.50%	12.40%	2.30%	5.10%	4.60%	0.00%
Quex	56%	151%	65%	174%	1.90	3.57	5.47	17.70%	22.80%	3.00%	3.80%	0.00%	0.00%
Kings C2	82%	123%	72%	74%	2.81	2.51	5.33	12.40%	0.00%	2.10%	20.40%	29.90%	9.30%
KC Marlowe Ward	94%	100%	89%	116%	3.83	2.51	6.34	18.40%	23.10%	6.50%	8.60%	2.00%	0.00%
S&A													
Cheerful Sparrows Female	103%	112%	102%	147%	2.50	3.59	6.10	19.30%	18.10%	1.20%	6.70%	8.30%	7.70%
Clarke	83%	112%	102%	110%	3.27	3.19	6.46	17.30%	15.40%	2.10%	10.60%	7.70%	0.00%
Cheerful Sparrows Male	128%	120%	99%	182%	2.60	4.26	6.86	15.40%	8.90%	3.20%	14.30%	0.00%	0.00%
Kent	78%	147%	98%	95%	3.70	3.08	6.78	16.10%	8.10%	5.30%	11.20%	0.00%	8.20%
Kings B Ward - WHH	100%	97%	95%	99%	3.10	2.75	5.85	17.10%	12.80%	1.90%	4.80%	0.00%	0.00%
Kings A2	98%	115%	99%	184%	3.06	2.99	6.05	13.00%	15.20%	1.00%	5.10%	13.00%	9.00%
Kings C1	107%	114%	100%	103%	2.89	2.90	5.79	13.10%	10.00%	3.80%	1.00%	0.00%	0.00%
WH Kings D	101%	128%	83%	145%	3.19	3.26	6.45	18.10%	12.30%	2.20%	3.90%	0.00%	0.00%
Bishopstone	64%	63%	101%	95%	3.03	2.98	6.02	18.70%	24.50%	1.20%	9.20%	5.90%	0.00%
KC St Lawrence Ward	46%	101%	88%	85%	3.40	4.11	7.50	11.00%	16.20%	1.20%	5.90%	0.00%	0.00%
Seabathing -	70%	131%	131%	107%	2.39	3.08	5.47	10.30%	10.40%	12.60%	13.80%	0.00%	3.80%
Critical Care - WHH -	93%	106%	88%	N/A	24.62	1.56	26.19	15.10%	13.80%	3.80%	7.70%	1.50%	6.30%
Critical Care - KCH -	73%	N/A	74%	N/A	26.05	1.22	27.26	15.90%	21.10%	1.70%	0.00%	0.00%	0.00%
Critical Care - QMH	81%	80%	93%	N/A	21.08	1.86	22.94	19.20%	10.50%	0.80%	4.60%	6.40%	0.00%
SHN													
Rotary Suite	80%	114%	99%	123%	3.64	3.45	7.09	4.10%	11.30%	9.40%	8.00%	9.00%	6.50%
UEC													
KC MIU	86%	102%	94%	N/A				19.90%	33.10%	17.60%	0.00%	0.00%	0.00%
WHH ACUTE MEDICAL UNIT B	74%	86%	81%	98%	6.33	4.05	10.38	17.00%	18.20%	8.40%	15.90%	1.90%	4.30%
QE Acute med unit	95%	117%	120%	120%	9.97	7.53	17.50	34.20%	30.80%	5.60%	19.80%	0.00%	1.40%
W&C													
WH NICU	82%	81%	89%	N/A	14.35	1.50	15.85	16.10%	11.30%	7.00%	16.80%	3.00%	0.00%
WH Padua Ward	77%	76%	98%	32%	5.33	0.70	6.03	13.70%	14.60%	8.80%	13.20%	4.10%	10.60%
QE Rainbow Ward	98%	87%	104%	N/A	7.71	1.35	9.06	18.30%	19.10%	2.80%	10.40%	4.00%	9.40%
QE Birchington Ward	85%	104%	100%	199%	3.18	2.35	5.53	17.80%	15.00%	11.20%	11.10%	0.00%	10.60%
WH Kennington Ward	84%	98%	95%	N/A	4.03	2.27	6.31	20.10%	9.50%	4.50%	16.20%	7.50%	0.00%
WH Maternity Labour and Folkestone	103%	76%	97%	88%	29.02	8.81	37.82	15.90%	15.90%	5.00%	8.10%	0.90%	3.60%
MLU WHH	100%	91%	98%	97%	35.09	16.10	51.19	19.00%	14.00%	25.60%	19.80%	0.00%	0.00%
QE Maternity Wards	98%	97%	93%	85%	18.43	5.72	24.15	20.10%	30.00%	2.80%	5.90%	5.40%	0.00%
QE MLU	102%	96%	88%	94%	99.66	49.04	148.70	18.70%	22.80%	8.10%	0.00%	0.00%	0.00%
QE SCBU	117%	104%	104%	N/A	9.66	1.51	11.17	19.00%	27.40%	5.50%	0.00%	4.60%	0.00%

Low registered nurse fill rates are seen on several wards due to a combination of factors including vacancies, high sickness and maternity leave. CHPPD was maintained around 4.8 or above on all these wards using temporary staff. Risks are currently mitigated through staff moves, increased use of support workers, temporary staff and Matron support:

- At QE on St Margarets, St Augustines, Quex, Bishopstone and Seabathing. Three of these wards showed less than 100% harm free care (new harms):
 - Bishopstone 93.3% harm free care (23% temporary staff).
 - Seabathing 95.8% harm free care (17% temporary staff).
 - Quex 95.8% harm free care (2% temporary staff).
- At WHH on Richard Stevens and the Acute Medical Unit. The AMU reported 97.4% harm free care and used 30% temporary staff).
- At K&C on Harvey, Treble, Mount McMaster, Kingston, Harbeldown and St Lawrence. All these wards reported 100% harm free care for patients although using at least 22% temporary staffing.
- Further analysis of our quality metrics and heatmap for March does not show any other clear correlation between staffing levels and harm this month.
- Other wards (Paediatric) 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 allows the live capture of patient acuity and dependency and improved matching of staffing to demand with staff moves to areas of highest need;
- 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'.

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 Mar-19 average is 7.4 K&C, QEQM 10.6 and WHH 8.9 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 Mar-19

Care Hours per Patient Day (CHPPD)											
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
7.8	8.2	8.3	8.3	8.1	7.9	8.1	9.0	8.9	8.2	7.9	8.0

Comparative data within the Model Hospital dashboard for Jan-19, shows EKHUFT average of 7.9 CHPPD against a peer median (based on clinical output) of 8.5 and a national median of 7.9 (all Acute Trusts, Mental Health Trusts and Community Trusts).

Summary

The key points for the Quality Committee to note are:

- The key risk areas are:
 - **At WHH** three wards (Cambridge J & M1 and Kings C2) are recently re-established or reconfigured medical wards. This has led to the creation of around 40 band 5 vacancies. Whilst recruiting to the funded posts, a managed service is providing agency staff 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 to the managed service areas.
 - **At K&C** Matrons are focused on improving succession planning and have recruited two new matrons, three ward managers and several band 6 sisters last month. The

ward manager post for Harvey was open to AHP applicants to broaden the field of applicants. Ward staffing profiles are flexed according to patient need and over-recruitment to support worker posts is undertaken to ensure patient safety.

- **At QEQM** Quex, Sandwich Bay and St Margarets have the highest vacancies. These are being managed with some over-recruitment of support workers due to reduced availability of registered nurses.
- Analysis of our quality metrics and heatmap for March shows that new harms (NHS Safety Thermometer) may be linked to high use of temporary staff on the Acute Medical Unit at WHH and Bishopstone and Seabathing at QE;
- Work continues to address current band 5 vacancy levels in Urgent and Emergency Care (20wte), General and Specialist Medicine (53wte) and Surgery and Anaesthetics (59wte). The Trust has a proactive nursing workforce recruitment programme with over 120 band 5 nurses recruited since April-18. Further work progresses to:
 - Maximise recruitment of our newly qualified nurses;
 - Work with an external partner to recruit EU nurses through Skype interviews. 24 have commenced in post, working as HCAs whilst they prepare for NMC registration;
 - Support around 60 of our Healthcare Assistants who are overseas trained to undertake a core programme to enable them to achieve the English language requirements and OSCE in preparation for UK NMC registration;
 - Support 14 Nursing Associates to qualify in May and take up their first post with us;
 - Test reprofiling of ward establishments to incorporate new roles.
- We have recruited two Matrons to focus solely on recruitment and retention. Both are now in post;
- Almost all staff requirements were met according to the ward/department establishment during March;
- Comparative data within the model hospital dashboard shows that care hours per patient day is in line with our peers;
- Areas recording over 100% may be staffing escalation beds to maintain safe staffing, or providing 1:1 nursing for patients who require it;
- Where RN day shifts show lower than required fill rate, skill mix changes are made. This explains why some fill rates are high with care staff. Included in this cohort are the band 4 roles. Given these wards are the lower acuity wards, this is deemed safe;
- Senior matrons are reporting challenges with high acuity and high dependency being mixed on the same wards and have suggested some ward reconfiguration to support lower skill-mix in areas of high dependency (to focus on planning for discharge) to enable a richer skill mix focused on acutely unwell patients;
- There have been staff challenges throughout March that are mitigated across the sites on a daily basis;
- 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;
- 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 is planned with senior nurses to support this.