

The Publication of Nurse staffing Data – January 2020

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 102.7% compared to 101.3% in Dec-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 slightly lower than last month and at the lower end control limit. 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 Jan-20

	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	Sickness		Parenting		
								Registered	Unregistered	Registered	Unregistered	Registered	Unregistered
Cancer													
KC Brabourne Haematology Ward	83%	67%	100%	N/A	10.31	1.71	12.01	20.30%	20.40%	7.00%	0.00%	1.00%	0.00%
GSM													
WH Cambridge J2 Ward	88%	129%	116%	126%	3.10	3.86	6.96	18.40%	11.40%	5.50%	17.30%	6.20%	0.00%
WH Cambridge K Ward	101%	121%	104%	126%	3.73	3.55	7.28	18.40%	16.00%	3.70%	2.40%	0.00%	5.10%
Cambridge M1	101%	108%	100%	103%	3.73	2.54	6.27	13.30%	8.30%	0.00%	2.50%	0.07%	0.00%
WH Cambridge M2 Ward	101%	108%	100%	103%	3.51	2.40	5.90	13.30%	8.30%	0.00%	2.50%	0.07%	0.00%
QE Coronary Care Unit	81%	122%	98%	114%	4.49	2.97	7.46	11.50%	14.10%	5.90%	0.00%	0.00%	0.00%
WH Oxford Ward	89%	109%	94%	155%	4.09	3.22	7.31	17.80%	10.70%	10.30%	4.00%	9.40%	0.60%
QE Sandwich Bay Ward	92%	154%	102%	260%	3.17	3.81	6.97	12.20%	12.40%	6.60%	2.40%	7.50%	8.10%
QE St Margarets Ward	91%	127%	100%	143%	2.38	3.65	6.04	18.50%	7.10%	0.40%	12.70%	0.00%	6.20%
QE Deal Ward	84%	116%	100%	199%	2.25	3.18	5.43	15.40%	13.60%	3.60%	1.80%	1.50%	11.20%
KC Harvey Neurorehab	88%	95%	98%	206%	2.84	3.60	6.44	15.10%	15.40%	1.10%	15.30%	0.00%	0.00%
KC Invicta Ward	78%	196%	163%	111%	3.42	3.54	6.97	8.60%	10.50%	37.40%	9.70%	0.00%	0.00%
WH Cambridge L Rehab Ward	99%	97%	112%	96%	2.98	3.02	5.99	11.00%	7.20%	4.10%	0.80%	0.00%	0.00%
KC Treble Ward	55%	155%	98%	143%	2.62	4.91	7.53	14.00%	9.10%	21.90%	4.70%	0.00%	5.60%
QE Fordwich	84%	143%	93%	153%	3.16	4.57	7.73	19.50%	9.00%	3.70%	14.80%	4.00%	0.00%
KC Kingston	81%	112%	94%	159%	3.01	4.01	7.02	20.20%	9.30%	15.60%	21.60%	0.00%	4.40%
WH Richard Stevens Stroke Unit	94%	111%	99%	215%	3.73	4.37	8.10	17.70%	14.60%	1.30%	3.60%	0.00%	0.00%
KC Harbledown Ward	55%	122%	95%	141%	2.39	3.57	5.97	14.20%	14.40%	10.90%	7.40%	8.00%	14.20%
QE St Augustine Ward	71%	110%	94%	134%	2.00	3.41	5.40	5.60%	14.10%	17.50%	1.50%	4.70%	0.00%
WH Bartholomew	83%	84%	97%	100%	3.35	2.03	5.38	11.00%	16.50%	4.40%	11.70%	10.80%	6.00%
QE Quex Ward	60%	134%	100%	158%	2.03	3.33	5.36	10.30%	9.10%	2.60%	3.60%	0.00%	5.70%
WH Kings C2	87%	124%	97%	102%	3.32	2.74	6.07	16.30%	12.00%	4.40%	6.90%	0.00%	0.00%
KC Marlowe Ward	104%	109%	93%	122%	4.02	2.58	6.60	15.20%	13.40%	4.20%	16.20%	7.90%	0.00%
S&A													
QE Cheerful Sparrow Female	106%	131%	94%	142%	2.56	3.92	6.48	15.20%	13.20%	4.40%	7.90%	0.40%	5.20%
KC Clarke Ward	93%	127%	129%	86%	3.35	2.62	5.97	14.70%	10.10%	2.10%	6.00%	0.00%	7.60%
QE Cheerful Sparrow Male	131%	99%	99%	166%	2.42	3.66	6.09	9.40%	11.20%	3.80%	14.80%	0.00%	0.00%
KC Kent Ward	98%	144%	110%	174%	3.37	3.22	6.60	12.40%	14.70%	4.10%	3.60%	12.00%	0.00%
WH Kings B	119%	99%	114%	112%	3.32	2.72	6.04	19.30%	8.30%	0.70%	5.40%	0.00%	11.10%
WH Kings A2	96%	100%	100%	167%	3.11	2.66	5.77	16.00%	11.50%	5.20%	11.20%	0.00%	0.00%
WH Kings C	116%	114%	146%	100%	3.55	2.81	6.36	8.60%	8.40%	0.00%	1.40%	0.00%	11.10%
WH Kings D	101%	105%	89%	136%	3.28	2.92	6.20	20.40%	14.90%	5.80%	11.10%	0.00%	0.00%
QE Bishopstone - split	73%	90%	94%	134%	3.18	3.72	6.90	20.00%	18.40%	1.20%	1.60%	0.00%	0.00%
KC St Lawrence Ward	61%	66%	95%	50%	6.81	4.80	11.61	8.00%	5.10%	2.60%	12.80%	4.80%	0.60%
QE Seabathing	92%	169%	120%	128%	2.49	3.96	6.45	10.70%	14.60%	5.90%	6.70%	0.00%	1.30%
WH Critical Care	92%	139%	92%	N/A	23.44	2.00	25.44	12.60%	7.10%	3.00%	14.70%	1.60%	0.00%
KC Critical Care	82%	-3500%	85%	N/A	29.75	1.16	30.91	14.70%	17.70%	4.30%	1.80%	8.00%	0.00%
QE Critical Care	73%	60%	76%	94%	19.29	3.01	22.30	15.10%	13.10%	2.60%	12.70%	4.60%	6.20%
SHN													
WH Rotary Suite	92%	105%	100%	152%	4.16	3.44	7.60	17.40%	10.00%	4.00%	3.30%	0.00%	7.90%
UEC													
KC MIU	93%	120%	100%	N/A				15.50%	15.10%	15.00%	0.00%	0.00%	0.00%
WH CDU/Bethersden	84%	95%	95%	93%	6.78	3.94	10.71	12.60%	18.70%	8.10%	6.50%	4.80%	0.00%
QE Minster	119%	103%	127%	173%	3.27	4.57	7.84	16.50%	15.50%	1.40%	9.90%	0.00%	6.90%
QE CDU	84%	100%	93%	104%				12.60%	9.30%	5.70%	2.80%	3.70%	0.00%
QE Minster+QE CDU	95%	101%	101%	127%	9.13	9.15	18.28	29.10%	24.80%	7.10%	12.70%	3.70%	6.90%
W&C													
WH NICU	80%	71%	78%	55%	16.92	2.27	19.19	13.90%	11.20%	4.10%	11.70%	3.60%	0.00%
WH Padua Ward	101%	N/A	103%	N/A	6.79	0.10	6.89	14.40%	11.60%	3.20%	5.20%	2.10%	0.00%
QE Rainbow Ward	120%	N/A	111%	N/A	8.02	0.40	8.42	13.10%	9.90%	6.90%	1.90%	7.20%	6.40%
QE Birchington Ward	105%	170%	98%	227%	3.58	3.47	7.05	11.10%	10.50%	2.60%	13.10%	0.00%	4.70%
WH Kennington Ward	102%	110%	100%	N/A	4.12	2.87	6.99	15.40%	5.20%	3.10%	0.00%	0.00%	0.00%
WH Maternity Labour and Folkestone	99%	84%	99%	94%	27.49	6.46	33.96	16.40%	10.60%	5.30%	12.20%	3.60%	7.20%
MLU WHH	103%	91%	101%	81%	63.12	26.11	89.23	17.90%	22.20%	3.60%	3.90%	0.00%	11.40%
QE Maternity Wards	101%	67%	96%	50%	13.11	3.22	16.33	19.10%	10.50%	2.50%	12.80%	3.90%	0.60%
QE MLU	104%	89%	100%	91%	64.91	28.51	93.42	11.70%	18.60%	2.40%	5.00%	20.80%	0.00%
QE SCBU	102%	97%	97%	81%	10.15	2.92	13.07	17.10%	14.50%	6.20%	5.70%	5.40%	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 (four wards at K&C, four wards at QEQM) which reflect high vacancy levels, sickness and parenting leave. CHPPD was maintained above 5.5 on all these wards. Risks are currently mitigated through staff moves, increased use of support workers, temporary staff and Matron support:

- Analysis of our quality metrics and heatmap for December (January 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 (Treble 94.4%) with a category 2 pressure ulcer.
 - One ward shows <100% Harm Free Care (St As 96.6%) with 6 falls.
 - One ward shows 6% patients not recommending our services to their Friends and Family (St Lawrence) with only 75% shifts filled by employed staff versus temporary staff.
- The low RN fill rate seen on St Lawrence is planned due to the ward not currently running at full capacity;
- 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. Most funded posts have been recruited to, some long lines of agency staff are being utilised and some over recruitment to band 2s has been used 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. Specific support to Cambridge J is being provided by Cambridge M2 with some additional support from corporate nursing shifts.
 - **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 2019 annual staffing review has been reported to the Chief Nurse and Care Group priorities will be reported to EMT in February 2020;
- Work continues to address current band 5 vacancy levels particularly in Urgent and Emergency Care (15 wte), General and Specialist Medicine (109 wte) and Surgery and Anaesthetics (73wte of which 32 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. 90 overseas nurses will join us in groups of 20/month from January and a further 60-70 are joining us via Maidstone & Tunbridge Wells Trust from March. 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.