

Board of Directors (Public)

Item

Board report

Subject: LHCH Monthly Staffing for Reporting Period for July 2016
Date of meeting 27th September 2016
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Presented by: Sue Pemberton, Executive Director of Nursing & Quality

BAF Ref	Impact on BAF Risk Rating
1.1,1.2	None

1.0 Executive Summary

From June 2014, NHS England has stipulated that all Trusts with inpatient beds are required on a monthly basis to publish their staffing levels (planned versus actual) in hours on the NHS Choices website. In addition, Trusts are required to publish this data on their own website, on an individual ward basis. This information sits alongside a range of other indicators related to staffing within the Trust e.g. date of last fall/ pressure ulcer etc.

It is also a requirement of NHS England for Trusts to present staffing information on a monthly basis to the Board of Directors to ensure they are appraised of staffing within the organisation in line with national directives. LHCH highlights this information on each ward to the public by displaying it on electronic boards at the entrance of each ward which is updated for each shift.

At LHCH, information relating to staffing establishments, patient safety issues, occupancy etc., has been presented 6-monthly for the last 4 years, undergoing scrutiny by the Heads of Nursing. The next report is due to be presented in August 2016 to the Quality Committee and Divisional Governance Committees by the Heads of Nursing.

This report details planned and actual nurse staffing levels for the month of July 2016, including any red flag concerns. All shifts were reported as safe during the month however there were 14 shifts with red flag concerns noted for Mulberry ward due to not having 2 registered nurses on each shift. (Explanation of red flags can be found in Appendix 1). A further 2 red flags have been noted on Oak ward as only 2 RNS on shift. There were however 2 assistant practitioners and HCAs also on the shift and 2 Advanced Practitioners on the ward. Cherry Ward had 1 red flag shift due to having only 1 registered nurse on the shift, but a band 4 assistant practitioner was also on duty ensuring patient safety was not compromised. Last month, NHS Improvement requested that an additional methodology was used to collate data demonstrating care hours per

patient day and this can be found within the paper. Further information is explained further in Appendix 3.

In addition, the National Quality Board (July 2016) released a document that highlighted the importance of safe, sustainable and productive staffing, to ensure that patients are 'put first' and prioritised. The document encapsulates the principles of the Carter report and the Five Year Forward View in maintaining quality and cutting out unnecessary costs. This report identifies the importance of teams caring for patients as opposed to the focus of nurse to patient ratios. It is the intention of the senior nursing team to review the document and understand the implications for LHCH, whilst also waiting for further information to be released by NHS Improvement. This information will be shared with staff Trust wide.

2.0 Staffing Report

The information demonstrates the staffing information per ward and details planned staffing versus actual, stating which shifts have not met their staffing ratio and reasons for this. Where staffing compliance is not at 100%, the paper details the reasons why and the action taken to address the shortfall. On a daily basis, professional judgement is used to ensure that the wards have the appropriate staff and skill mix in place to ensure that safe quality care is delivered to patients and their families. Any risks are managed and escalated to the Heads of Nursing and discussed at the safety huddle with the Chief Executive. The July data can be found below that is submitted to UNIFY and uploaded onto LHCH intranet /internet/NHS Choices based on the information included in this paper.

July 2016 Data

Cherry Ward

Staff requirements on each shift: split into RN (Registered nurse), AP (Assistant Practitioner) and HCA (Healthcare Assistant)

	Early shift	Late shift	Night shift
Monday - Friday	2RN1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
Saturday /Sunday	2RN 1HCA	2RN 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	91.8	-8.2	Long term sickness and maternity leave is on-going which has resulted in staffing not being at 100% compliance. 3 x RN vacancies have been recruited to however, planned start dates are September 2016. Cherry ward and Maple Suite continue to work together to ensure any gaps are covered. All shifts have been safe. The cystic fibrosis Specialist nurses have also been supporting the ward when needed.
RN Night shifts	95.2	-4.8	
HCA / AP Day shifts	124	+24	
HCA / AP Night shifts	100	0	

Birch Ward:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	7RN 1AP 3HCA	7RN 1AP 3HCA	4RN 2HCA
Saturday /Sunday	7RN 3HCA	6RN 3HCA	4RN 2HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/ Actions
RN Day shifts	85.4	-14.6	Support has been given to other areas to assist with staff shortage or high acuity at times. This is why the RN on the day shift is lower than expected. Enhanced levels of care have resulted in additional support at night by healthcare staff. The HON is doing further work with the ward manager to review the current nursing model. All shifts have been reported as safe.
RN Night shifts	99.8	-0.2	
HCA / AP Day shifts	95.5	-4.5	
HCA / AP Night shifts	98.3	-1.7	

Maple Suite:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	3RN 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
Saturday /Sunday	2RN 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	96.8	3.2	Maple and Cherry ward have been working closely to ensure all shifts are safe. The flexibility of the workforce is part of an improvement plan as Maple can support Cherry but Cherry cannot as yet support Maple due to the surgical nature of this area. The Ward Manager is fully aware of the training needs and the gap and is working towards resolving this to further strengthen flexibility between both areas. The band 6 substantive position has been recruited into and the
RN Night shifts	100	0	
HCA / AP Day shifts	100	0	
HCA/ AP Night shifts	95.5%	4.5	

			maternity leave band 6 will be covered via an act up position. Acuity and occupancy is reviewed on a shift basis. All shifts are reported as safe.
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Coronary Care Unit:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	7RN 1AP 1HCA	7RN 1HCA	7RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	98.3	-1.7	There have been gaps in many of the night shifts and this has been addressed by staffing according to occupancy levels. Further work is in progress to understand the levels of care required by the patients in CCU as a 1-2 ratio of nurse to patients is not always required.
RN Night shifts	97.2	-2.8	
HCA / AP Day shifts	94.6	-5.4	
HCA / AP Night shifts	110.7	+10.7	

Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Fri	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA
Sat –Sun	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	74.7	-25.3	The gaps in RN are due to some vacancies, which are now all appointed to and awaiting start dates of staff. Assistant practitioners have been utilised where appropriate to support the RN gap. In July there have been 4 extra beds open according to need and staffed appropriately and safely to support patient flow. All shifts are reported as safe.
RN Night shifts	87.2	-12.8	
HCA / AP Day shifts	133.9	+33.9	
HCA / AP Night shifts	132.3	+32.3	

Elm Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	5 RN and 3 HCA	4 RN and 3 HCA	3 RN and 1 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	79.3	-20.7	There has been an increase in HCA/AP to support gaps in RN requirements and for patients with enhanced needs. (All vacancies have been appointed to and awaiting start dates) The Ward Manager has been included in the numbers to support some shifts. All shifts are reported as safe.
RN Night shifts	82.8	-17.2	
HCA / AP Day shifts	125.2	+25.2	
HCA / AP Night shifts	135.5	+35.5	

Oak Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	4 RN and 3 HCA	4 RN and 2 HCA	3 RN and 2 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	82.9	-17.1	The gaps in RN are due to vacancies and awaiting new staff to start in post. Band 4 staff have been utilised where appropriate to support. The Ward Manager has been included in the numbers to support some shifts. There were 2 red flags where there were 2 RNs on a shift for the ward however they had in addition 2 Assistant Practitioners and 3 HCAs. In addition there were 2 Advanced Practitioners on the ward. All shifts are reported as safe.
RN Night shifts	81.7	-18.3	
HCA / AP Day shifts	125.2	+25.2	
HCA / AP Night shifts	135.5	+35.5	

Mulberry Ward (formerly Surgical Admissions Unit)

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Thursday	2 RN and 1 HCA	2 RN and 1 HCA	1 RN 1 AP / 2RN
Friday	2 RN and 1 HCA	CLOSED	CLOSED
Saturday	CLOSED	CLOSED	CLOSED
Sunday	CLOSED	2RN and 2 HCA	1 RN 1 AP / 2RN

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	77	-23	<p>There is a reduction in RNs on some shifts. On these occasions, there has been an AP and HCA on shift and the ratio of nurse to patients has been 1:8 or less and the ward is noted to be safe (hence increase in HCA/AP staff). However, we are not compliant with national NICE guidance of 2 RNs per shift. This has resulted in red flags being noted on 14 shifts. The Ward Manager has been included in the numbers to support shifts. All shifts have been reported as safe.</p>
RN Night shifts	88.9	-10.1	
HCA / AP Day shifts	116.2	+16.2	
HCA / AP Night shifts	82.4	-17.6	

HDU

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	2RN +1 SW	2RN +1 SW	2RN +1SW
Saturday - Sunday	2RN + 1 SW	2RN + 1SW	2RN +1 SW

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	103	+3	<p>HCA resource allocated according to the dependency of patients. RN cover in place at all times. An additional RN was used for a confused patient instead of a HCA on 2 shifts.</p> <p>No red flags identified.</p>
RN Night shifts	100	0	
HCA / AP Day shifts	96.3	-3.7	
HCA / AP Night shifts	100	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	101.9	+1.9	HCA resource split between HDU and Critical care depending on skill mix and patient acuity. All shifts identified as safe.
RN Night shifts	100.4	+ .4	
HCA / AP Day shifts	75.4	-24.6	
HCA / AP Night shifts	88.7	-11.3	

3.0 Summary

There have been red flags within Mulberry ward in relation to the standard to have 2 registered nurses per shift and 2 on Oak ward due to only 2 RNs being on shift however, this is mitigated with Advanced Practitioners being on the ward. There has also been 1 red flag on Cherry due to 1 RN on shift but the RN was supported by a band 4 Assistant Practitioner. Patient safety was not compromised. The wards are safe and staff is managed according to occupancy and reviewed on a shift by shift basis. Where dependent patients are identified, extra staff are brought in to support them. In light of the recently published safe staffing guidance from the National Quality Board there is a renewed focus on care teams and care hours per patient day rather than ratios of staff to patients. Over the next six months the Trust will refresh how we assess safe staffing in line with this guidance and further directives from NHS Improvement.

4.0 Recommendations

The Board of Directors are requested to:

- Receive assurance related to nurse staffing for in-patient wards, as per national directives, noting actions being taken to ensure patient safety and quality of care are maintained.
- Receive assurance that staffing is appropriate and is flexed according to patient need and patient safety risk assessments, following escalation processes.
- Receive monthly reports of staffing at all planned board meetings.
- Receive the new Care hours per patient day (CHPPD) data this month.

Appendix 1 Red Flags:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
- Less than 2 registered nurses present on a ward during any shift.

Appendix 2

July 2016

Only complete sites your organisation is accountable for			Day				Night				Day		Night			Care Hours Per Patient Day (CHPPD)		
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Cedar Ward	170 - CARDIOTHORACIC SURGERY		2550	1905	1395	1867.5	1021.87	890.62	871.87	1153.12	74.7%	133.9%	87.2%	132.3%	830	3.4	3.6	7.0
Elm Ward	170 - CARDIOTHORACIC SURGERY		2250	1785	1162.5	1455	871.87	721.87	581.25	787.5	79.3%	125.2%	82.8%	135.5%	594	4.2	3.8	8.0
Mulberry Ward	170 - CARDIOTHORACIC SURGERY		555	427.5	277.5	322.5	337.5	300	159.37	131.25	77.0%	116.2%	88.9%	82.4%	152	4.8	3.0	7.8
Oak Ward	170 - CARDIOTHORACIC SURGERY		2017.5	1672.5	1162.5	1455	871.87	712.5	581.25	787.5	82.9%	125.2%	81.7%	135.5%	592	4.0	3.8	7.8
Birch Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3250	2775	1852	1768	1160.5	1158.5	581.25	571.5	85.4%	95.5%	99.8%	98.3%	1123	3.5	2.1	5.6
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	940	862.5	465	578.25	581.25	553.125	290.625	290.625	91.8%	124.4%	95.2%	100.0%	261	5.4	3.3	8.8
Maple Suite	320 - CARDIOLOGY		930	900	472.5	472.5	581.25	581.25	294.5	281.25	96.8%	100.0%	100.0%	95.5%	312	4.7	2.4	7.2
Coronary Care Unit	320 - CARDIOLOGY		3022.5	2970	697.5	660	2034.318	1978.3	262.5	290.625	98.3%	94.6%	97.2%	110.7%	261	19.0	3.6	22.6
High Dependency Unit	170 - CARDIOTHORACIC SURGERY		502.5	517.5	202.5	195	341.4	341.4	149.3	149.3	103.0%	96.3%	100.0%	100.0%	49	17.5	7.0	24.6
Critical Care Unit	170 - CARDIOTHORACIC SURGERY		11385	11602	1860	1402	8098.5	8130.5	1323	1173	101.9%	75.4%	100.4%	88.7%	692	28.5	3.7	32.2

Appendix 3

Introduction to Care Hours per patient Day (CHPPD)

One of the obstacles to eliminating unwarranted variation in nursing and care staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously have informed the evidence base for staffing models, – such as reporting staff complements using WTEs, skill-mix or patient to staff ratios at a point in time, but it is recognised by Nurse leaders may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward nor comparable between organisations.

To provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units we developed, tested and adopted Care Hours per Patient Day (CHPPD).

- CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight)
- CHPPD reports split out registered nurses and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)