

Board of Directors (in Public)

Item 2.4.1

Subject: LHCH Monthly Staffing for Reporting Period for November 2017
Date of meeting: 29th January 2018
Prepared by: Fiona Altintas, Divisional Head of Nursing and Quality for Surgery
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Presented by: Sue Pemberton, Executive Director of Nursing & Quality

BAF Ref	Impact on BAF
1.1,1.2, 4.1	None

1.0 Executive Summary

This report details planned and actual nurse staffing levels for the month of November 2017, including any red flag concerns. All shifts were reported as safe during the month. There were 6 red flag on Cedar due to a reduction of RN staffing for more than 8 hours. In addition there were 5 red flags on Mulberry due to only having less than 2 RN's.

1.1 Surgical Division Exceptions

On Mulberry ward, according to NICE guidance, there would have been 5 red flags reported however as there were always less than 8 patients to one nurse this was deemed acceptable and patients were safe. On cedar ward Assistant Practitioners and Advanced Nurse Practitioners were utilised to ensure safe staffing levels. The reduction of RN was due to bank cancellation and sickness at short notice. All shifts were reported as safe. In July 2016, NHS Improvement requested that an additional methodology was used to collate data demonstrating care hours per patient day and this can be found within Table 1.

1.2 Clinical Services Exceptions

There was one red flag on HDU this month as one staff nurse and one HCA were allocated to care for two patients. Whilst this is not a breach in staffing levels, it is the Trust's preference to have at least 2 nurses allocated regardless of patient numbers being at 2 or 4.

1.3 Medicine Division Exceptions

There were no red flags to report in the Medicine Division for November

2.0 Staffing Report

The November 2017 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.

Table 1. November 2017 Data

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		2872.5	2542.5	1575	2145	1125	1050	1125	1096.875	88.5%	136.2%	93.3%	97.5%	880	4.1	3.7	7.8
Elm ward	170 - CARDIOTHORACIC SURGERY		1972.5	1875.5	112.5	148.5	843.75	843.75	562.5	628.125	95.1%	132.0%	100.0%	111.7%	541	5.0	1.4	6.5
Mulberry ward	170 - CARDIOTHORACIC SURGERY		540	517.5	270	255	337.5	290.5	168.75	131.25	95.8%	94.4%	86.1%	77.8%	177	4.6	2.2	6.7
Oak Ward	170 - CARDIOTHORACIC SURGERY		1522.5	1507.5	1800	1687.5	847.75	740.625	562.5	684.375	99.0%	93.8%	87.4%	121.7%	538	4.2	4.4	8.6
Birch ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	3007.5	2250	2010	1125	1125	562.5	581.25	95.5%	89.3%	100.0%	103.3%	1092	3.8	2.4	6.2
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	810	922.5	810	585	506.25	562.5	253.125	196.875	113.9%	72.2%	111.1%	77.8%	274	5.4	2.9	8.3
Maple Suite	320 - CARDIOLOGY		1125	982.5	675	465	562.5	562.5	281.25	281.25	87.3%	68.9%	100.0%	100.0%	313	4.9	2.4	7.3
Coronary Care Unit	320 - CARDIOLOGY		2925	2805	675	675	1968.75	1912.5	281.25	271.875	95.9%	100.0%	97.1%	96.7%	271	17.4	3.5	20.9
High Dependency unit	170 - CARDIOTHORACIC SURGERY		570	562.5	262.5	255	384.1	384.1	160	160	98.7%	97.1%	100.0%	100.0%	69	13.7	6.0	19.7
Critical care Unit	170 - CARDIOTHORACIC SURGERY		12457.5	12532.5	1575	1528.5	8770.7	8760	1280.4	1163	100.6%	97.0%	99.9%	90.8%	782	27.2	3.4	30.7

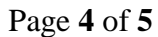
3.0 Summary

All shifts have been reported as safe despite there being a number of red flags recorded according to nice guidance as support has been provided on all these shifts to mitigate any risk. Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This does, however, result in staff moves on occasion to manage risk and to provide additional support for areas where acuity of patients is higher.

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 Care hours per patient day (CHPPD) data



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)