

Board of Directors (in Public)

Item 2.4.2

Subject: LHCH Monthly Staffing for Reporting Period for December 2017
Date of meeting 30th January 2018
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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 December 2017, including any red flag concerns. All shifts were reported as safe during the month. There was 1 red flag on Cedar and 2 red flags on Oak due to a reduction of RN staffing for more than 8 hours. In addition there were 4 red flags on Mulberry due to only having less than 2 RN's. It should be noted that this month includes Christmas and New Year and as such ward occupancy was reduced at times and staff were allocated annual leave where safe to do so. There was an increase in enhanced levels of care required on Birch ward for a 13 day period and the team worked flexibly and used bank to support this. There were 6 red flags on CCU relating to acuity but the team worked flexibly with support from other areas as required and all shifts are reported as safe.

1.1 Surgical Division Exceptions

On Mulberry ward, according to NICE guidance, there would have been 4 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 and Oak 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

No issues.

1.2 Medicine Division Exceptions

There was an increase in enhanced levels of care required on Birch ward for a 13 day period and the team worked flexibly and used bank to support this. There were 6 red flags on CCU due to having one registered nurse less than planned on 6 shifts. This occurred due to bank cancellations and sickness. The team worked flexibly with support from other areas as required and all shifts were reported as safe.

2.0 Staffing Report

The December 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. December 2017 Data

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		2940	2377	1627.5	2025	1162.5	1021.87	871.875	1059.37	80.9%	124.4%	87.9%	121.5%	770	4.4	4.0	8.4
Elm ward	170 - CARDIOTHORACIC SURGERY		1860	1770	1395	1297.5	871.875	825	581.25	600	95.2%	93.0%	94.6%	103.2%	548	4.7	3.5	8.2
Mulberry ward	170 - CARDIOTHORACIC SURGERY		390	397.5	243.75	195	195	206.25	121.875	37.5	101.9%	80.0%	105.8%	30.8%	138	4.4	1.7	6.1
Oak Ward	170 - CARDIOTHORACIC SURGERY		1545	1500	1395	1672.5	871.875	684.37	581.25	806.25	97.1%	119.9%	78.5%	138.7%	489	4.5	5.1	9.5
Birch ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	2850	2250	1792.5	1125	1125	562.5	684.4	90.5%	79.7%	100.0%	121.7%	1095	3.6	2.3	5.9
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	810	937.5	810	442.5	506.25	515.625	253.125	299.42	115.7%	54.6%	101.9%	118.3%	231	6.3	3.2	9.5
Maple Suite	320 - CARDIOLOGY		1162.5	1042.5	697.5	465	581.25	581.25	290.625	290.625	89.7%	66.7%	100.0%	100.0%	282	5.8	2.7	8.4
Coronary Care Unit	320 - CARDIOLOGY		3022.5	2947.5	697.5	637.5	2034.4	1959.4	290.625	271.875	97.5%	91.4%	96.3%	93.5%	269	18.2	3.4	21.6
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%	32	29.6	13.0	42.6
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%	797	26.7	3.4	30.1

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)