

## Board of Directors (Public)

### Item 2.2.2

**Subject:** LHCH Monthly Staffing for Reporting Period for February 2018  
**Date of meeting** 27<sup>th</sup> March 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  
**Purpose of Report:** For Note

<b>BAF Ref</b>	1.1, 1.2, 4.1
<b>Impact on BAF</b>	None

### 1.0 Executive Summary

This report details planned and actual nurse staffing levels for the month of February 2018, including any red flag concerns. All shifts were reported as safe during the month. There was 1 red flag on Cedar and according to nice guidelines there would have been 7 red flags on Mulberry due only having 1 RN on shift, however there were always less than 8 patients and the Surgical Matron and Hospital Co-ordinators supported the ward. There was 1 red flag on Cherry ward due to a reduction of RN staffing for more than 8 hours. This was due to sickness and the area was supported by colleagues on Maple ensuring the shift was safe.

### 1.1 Surgical Division Exceptions

On Cedar ward Assistant Practitioners and Advanced Nurse Practitioners were utilised to ensure safe staffing levels. The reduction of RN on Cedar was due to bank cancellation and sickness at short notice. On Mulberry ward, according to nice guidance, there would have been 7 red flags reported however as there were always less than 8 patients to one nurse this was deemed acceptable and patients were safe. There are some vacancies across the divisions and a successful recruitment open day took place on February 4<sup>th</sup> 2018 to fill the vacancies. 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 are no red flags identified for February 2018.

### 1.3 Medicine Division Exceptions

There was 1 red flag on Cherry ward due to a reduction of RN staffing for more than 8 hours. This was mitigated by having 2 RN's on Maple so the wards worked collaboratively ensuring 3 RN's between the 2 wards.

## **2.0 Staffing Report**

The February 2018 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

## **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)