

Board of Directors (Public)

Item 2.1a

Subject: LHCH Monthly Staffing for Reporting Period for November 2016
Date of meeting 31ST January 2017
Prepared by: Lisa Salter, Divisional Head of Nursing and Quality for Surgery
 Lindsey Vlasman, Divisional Head of Nursing and Quality for Medicine
 Steven Colfar, Divisional Head of Nursing & Quality for Clinical Services
Presented by: Sue Pemberton, Executive Director of Nursing & Quality

BAF Ref	Impact on BAF
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.

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.

At the end of November 2016, there were 58 unfilled RN and HCA positions across the Trust. Of the 58 positions, 39 have been recruited into following recent 2 weekly recruitment campaigns, recruitment open day and attendance at national events within the North-west region. The only outstanding vacancies at month end were in Theatres and Catheter Labs and campaigns are being targeted with local universities.

The 39 staff have been recently recruited have planned commencement dates from December 2016 until spring 2017. This is a planned action to support the Trust in recruiting student nurses who have trained at LHCH, however the positions are not being left unfilled and in some acute ward areas, an over-recruitment plan is in place to counteract the delayed recruitments. Recent advertisements have targeted experienced RN only to support a safe staffing skill-mix across the hospital.

Staffing within Cedar Ward is currently being monitored, following the ward moves between thoracic and cardiac surgery. This move resulted in changes in skill mix of staff and personnel between Oak and Cedar Ward. At the end of November, Cedar Ward had a significant number of unfilled nursing positions. Additional senior support from the Care Support Team, Advanced Practitioners and from other Divisions has provided additional support to the ward during this time. In addition, regular monitoring has been undertaken by the Senior Nursing Team alongside regular listening events led by the Head of Nursing for Surgery and the Director of Nursing. The

ward is currently at amber level following the ECS ward monitoring process and a full action plan in place for areas requiring improvement.

This report details planned and actual nurse staffing levels for the month of November 2016, including any red flag concerns. All shifts were reported as safe during the month, however, there were 11 shifts with red flag concerns noted for Mulberry ward, 2 red flags on Maple Suite and 7 red flags on Cherry ward due to not having 2 registered nurses on each shift. (Explanation of red flags can be found in Appendix 1). 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 the paper. Further information is explained further in Appendix 3.

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 October 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.

November 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	100	0	Long term sickness has remained an issue on Cherry but this is being managed with HR. 7 red flags on Cherry ward have been recorded due to not having 2 registered nurses on each shift. All shifts reported as safe.
RN Night shifts	88.3	-11.7	
HCA / AP Day shifts	65.8	-34.2	
HCA / AP Night shifts	90	-10	

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	86.4	-13.6	The HON is undertaking a piece of work with the ward manager to review the
RN Night shifts	96.7	-3.3	
HCA / AP Day shifts	97.5	-2.5	

HCA / AP Night shifts	105.0	+5.0	current nursing model and structure. All shifts have been reported as safe. There has been some sickness which is being managed with HR support. Maternity leave has caused some staff shortages however staffing has been supported by other wards as required. All shifts reported as safe.
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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	78	-22	Maple and Cherry ward have been working closely to ensure all shifts are safe. Acuity and occupancy is reviewed on a shift basis. A further 3 RN vacancies between Maple and Cherry have now been recruited into and awaiting start dates. 2 red flags on Maple Suite are recorded due to not having 2 registered nurses on each shift. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	104.4	+4.4	
HCA/ AP Night shifts	100	0	

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	97.4	-2.6	There have been gaps in several shifts however the HON has been reviewing the occupancy and patient
RN Night shifts	96.7	-3.3	
HCA / AP Day shifts	84.4	-15.6	
HCA / AP Night	80	-20	

shifts			acuity on a daily basis. 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. A new acuity and dependency tool will be introduced over the coming months. All shifts reported as safe.
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Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Sunday	6RN and 3HCA	6RN and 3HCA	4RN and 3HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	81.5	-18.5	The gaps in RN are due to vacancies and some sickness. Assistant practitioners and HCAs have been utilised where appropriate, hence the increase in HCA/APs. All shifts are reported as safe.
RN Night shifts	76.7	-23.5	
HCA / AP Day shifts	128.9	+28.9	
HCA / AP Night shifts	130	+30	

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	92.8	-7.2	Gaps in RN shifts are as a result of awaiting start dates for new staff appointed. All shifts are reported as safe.
RN Night shifts	95.6	-4.4	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	100	0	

Oak Ward

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	79.4	-20.6	The gaps in RN are due to vacancies and staff awaiting start dates. The increase in
RN Night shifts	98.9	-1.1	
HCA / AP Day shifts	260	+160	
HCA / AP Night	141.7	+41.7	

shifts			HCA/AP shifts has been due to some supernumerary status of nurses waiting for their PIN and patients requiring further support to prevent harm. All shifts are reported as safe.
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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	93.0	-7.0	There is a reduction in RNs on some shifts due to some staff supporting other areas however this has been assessed to be safe by the HON. The ward has had 11 red flags due to not having 2 RNs per shift. All shifts have been reported as safe.
RN Night shifts	88.1	-11.9	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	81.0	-19	

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 (sat) Closed Sun	2RN +1SW (sat) Closed Sun	Closed

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	There were 14 shifts when HDU was open to 5 or 6 patients. Some shifts did not require HCA cover as 3-4 RNs on shift
RN Night shifts	100	0	
HCA / AP Day shifts	90	-10	
HCA / AP Night shifts	81.8	-18.2	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100.6	+0.6	HCA resource has been reset at 3 per shift
RN Night shifts	100.5	+0.5	

HCA / AP Day shifts	91.7	-8.3	during day hours to reflect availability of other staff able to support.
HCA / AP Night shifts	79.1	-20.9	

3.0 Summary

There have been 11 red flags within Mulberry ward, 2 red flags on Maple Suite and 7 red flags on Cherry ward in relation to the standard of having 2 registered nurses per shift. The wards are noted to be safe and staffing is managed according to occupancy and reviewed on a daily basis by the Heads of Nursing and Ward Managers. 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 few months the Trust will refresh how we assess safe staffing in line with this guidance and further directives from NHSI. Further discussions are also held at the daily safety huddle in the CEO office daily at 9.30am.

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 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

November 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		2640	2152.5	1350	1740	1125	862.5	843.75	1096.8	81.5%	128.9%	76.7%	130.0%	765	3.9	3.7	7.6
Elm Ward	170 - CARDIOTHORACIC SURGERY		2190	2032.5	1350	1350	843.75	806.25	562.5	562.5	92.8%	100.0%	95.6%	100.0%	564	5.0	3.4	8.4
Mulberry Ward	170 - CARDIOTHORACIC SURGERY		645	600	322.5	322.5	393.75	346.8	196.87	159.37	93.0%	100.0%	88.1%	81.0%	199	4.8	2.4	7.2
Oak Ward	170 - CARDIOTHORACIC SURGERY		1965	1560	675	1755	843.75	834.37	562.5	796.87	79.4%	260.0%	98.9%	141.7%	528	4.5	4.8	9.4
Birch Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	2722.5	1800	1755	1125	1087.5	562.5	590.62	86.4%	97.5%	96.7%	105.0%	1107	3.4	2.1	5.6
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	900	900	900	592.5	562.5	496.87	281.25	253.12	100.0%	65.8%	88.3%	90.0%	254	5.5	3.3	8.8
Maple Suite	320 - CARDIOLOGY		1125	877.5	675	705	562.5	562.5	281.25	281.25	78.0%	104.4%	100.0%	100.0%	323	4.5	3.1	7.5
Coronary Care Unit	320 - CARDIOLOGY		2925	2850	675	570	1968.75	1903	281.25	225	97.4%	84.4%	96.7%	80.0%	260	18.3	3.1	21.3
High Dependency Unit	170 - CARDIOTHORACIC SURGERY		405	405	150	135	243.75	243.75	103.114	84.375	100.0%	90.0%	100.0%	81.8%	57	11.4	3.8	15.2
Critical Care Unit	170 - CARDIOTHORACIC SURGERY		13147.5	13222.5	1350	1237.5	9314.91	9357	1280.4	949.63	100.6%	91.7%	100.5%	74.2%	801	28.2	2.7	30.9

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)