

## Board of Directors (in Public)

### Item 2.1a

**Subject:** LHCH Monthly Staffing for Reporting Period for January 2017  
**Date of meeting** 28<sup>th</sup> March 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

This report details planned and actual nurse staffing levels for the month of January 2017, including any red flag concerns. All shifts were reported as safe during the month, however, there were 9 shifts with red flag concerns noted for Mulberry ward, 2 red flags on Maple Suite and 5 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 January 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.

#### January 2017 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
<b>Monday - Friday</b>	2RN1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1HCA	2RN 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	97.5%	-2.5	Long term sickness has remained an issue on Cherry but this is being managed with HR. All shifts reported as safe.
RN Night shifts	95%	-5	
HCA / AP Day shifts	94%	-6	
HCA / AP Night shifts	76.5%	-23.5	

**Birch Ward:**

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/ Actions</b>
<b>RN Day shifts</b>	89.3%	-10.7	The HON is undertaking a piece of work with the ward manager to review the 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. HCA shortages have also been an issue on Birch but have been supported with pool staff or bank. All shifts reported as safe.
<b>RN Night shifts</b>	100%	0	
<b>HCA / AP Day shifts</b>	102.6%	+2.6	
<b>HCA / AP Night shifts</b>	106.7%	+6.7	

**Maple Suite:**

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	2RN 1AP 1HCA	2RN 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1AP 1HCA	2RN 1HCA	2RN 1HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	100%	0	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. All shifts are reported as safe.
<b>RN Night shifts</b>	100%	0	
<b>HCA / AP Day shifts</b>	100%	0	
<b>HCA/ AP Night shifts</b>	95.5%	-4.5	

**Coronary Care Unit:**

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
--	--------------------	-------------------	--------------------

<b>Monday - Sunday</b>	7RN 1HCA	7RN 1HCA	7RN 1HCA
------------------------	----------	----------	----------

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	96%	-4	There have been gaps in several shifts however the HON has been reviewing the occupancy and patient 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.
<b>RN Night shifts</b>	94%	-6	
<b>HCA / AP Day shifts</b>	77.5%	-22.5	
<b>HCA / AP Night shifts</b>	100%	0	

#### **Cedar Ward:**

Staff requirements on each shift:

<b>Day</b>	<b>Early</b>	<b>Late</b>	<b>Night</b>
<b>Mon - Sunday</b>	6RN and 3HCA	6RN and 3HCA	4RN and 3HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	74.6	-25.4	The gaps in RN are due to vacancies and staff awaiting start dates. The increase in HCA/AP shifts has been due to some supernumerary status of nurses waiting for their PIN and the use of assistant practitioners to support patient care. All shifts are reported as safe.
<b>RN Night shifts</b>	78.2	-21.8	
<b>HCA / AP Day shifts</b>	106	+6	
<b>HCA / AP Night shifts</b>	130.2	+30.2	

#### **Elm Ward:**

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	5 RN and 3 HCA	4 RN and 3 HCA	3 RN and 1 HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	84.7	-15.3	Gaps in RN shifts are as a result of some sickness which is being appropriately managed.
<b>RN Night shifts</b>	93.6	-6.4	
<b>HCA / AP Day shifts</b>	110.4	+10.4	
<b>HCA / AP Night shifts</b>	109.7	+9.7	

<b>shifts</b>			Some additional HCA shifts have been used to support enhanced care needs. All shifts are reported as safe.
---------------	--	--	--

#### Oak Ward:

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	4 RN and 3 HCA	4 RN and 3 HCA	3 RN and 2 HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	75.6	-24.4	The gaps in RN are due to vacancies and staff awaiting start dates. The increase in HCA/AP shifts has been due to some supernumerary status of nurses waiting for their PIN and the use of assistant practitioners to support patient care. All shifts are reported as safe.
<b>RN Night shifts</b>	94.6	-5.4	
<b>HCA / AP Day shifts</b>	110.8	+10.8	
<b>HCA / AP Night shifts</b>	114.5	+14.5	

#### Mulberry Ward (formerly Surgical Admissions Unit)

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	90.2	-9.8	The reduction in HCA shift cover on nights is where there were 2 RNs on shift and occupancy did not require for HCAs to be present. The ward has had 9 red flags due to not having 2 RNs per shift however occupancy at this point was kept to a maximum of 8 patients. All shifts have been reported as safe.
<b>RN Night shifts</b>	95	-5	
<b>HCA / AP Day shifts</b>	120	+20	
<b>HCA / AP Night shifts</b>	95	-5	

## HDU

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	2RN +1 SW	2RN +1 SW	2RN +1SW
<b>Saturday - Sunday</b>	2RN + 1 SW (sat) Closed Sun	2RN +1SW (sat) Closed Sun	Closed

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	100	0	There was a range of shifts when HDU opened to 5/6 patients and midweek days when closed. When 3 RNs on shift no HCA required All shifts are reported as safe.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	90.6	-9.4	
<b>HCA / AP Night shifts</b>	88.9	-11.1	

## SICU:

Staff requirements on each shift:

	<b>Compliance %</b>	<b>Variance %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	101.7	+1.7	HCA shortage being addressed following skill mix review – more positions created and appointed to. Awaiting start dates. All shifts are reported as safe.
<b>RN Night shifts</b>	101	+1	
<b>HCA / AP Day shifts</b>	87.1	-12.9	
<b>HCA / AP Night shifts</b>	94.6	-5.4	

## 3.0 Summary

There have been 9 red flags within Mulberry ward, 2 red flags on Maple Suite and 5 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.

## 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

### January 2017

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		2955	2205	1627.5	1725	1162.5	909.37	871	1134	74.6%	106.0%	78.2%	130.2%	788	4.0	3.6	7.6
Elm Ward	170 - CARDIOTHORACIC SURGERY		2257	1912.5	1162	1282.5	871	815.62	581.25	637.5	84.7%	110.4%	93.6%	109.7%	514	5.3	3.7	9.0
Mulberry Ward	170 - CARDIOTHORACIC SURGERY		615	555	300	360	375	356.25	187.5	178.12	90.2%	120.0%	95.0%	95.0%	202	4.5	2.7	7.2
Oak Ward	170 - CARDIOTHORACIC SURGERY		2025	1530	1395	1545	871.87	825	581.25	665.62	75.6%	110.8%	94.6%	114.5%	513	4.6	4.3	8.9
Birch Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3097	2767	1747	1792	1125	1125	562.5	600	89.3%	102.6%	100.0%	106.7%	1085	3.6	2.2	5.8
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	900	877.5	550	517	562	534	281	215	97.5%	94.0%	95.0%	76.5%	241	5.9	3.0	8.9
Maple Suite	320 - CARDIOLOGY		930	930	465	457	465	465	290	277	100.0%	98.3%	100.0%	95.5%	315	4.4	2.3	6.8
Coronary Care Unit	320 - CARDIOLOGY		3022	2902	697	540	2034	1912	290	290	96.0%	77.5%	94.0%	100.0%	261	18.4	3.2	21.6
High Dependency Unit	170 - CARDIOTHORACIC SURGERY		577.5	577.5	240	217.5	416.1	416.1	192	170.72	100.0%	90.6%	100.0%	88.9%	67	14.8	5.8	20.6
Critical Care Unit	170 - CARDIOTHORACIC SURGERY		12105	12315	1395	1215	8493.3	8578.6	992.3	938.9	101.7%	87.1%	101.0%	94.6%	709	29.5	3.0	32.5

### **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)