

Board of Directors (in Public)

Item 2.1b

Subject: LHCH Monthly Staffing for Reporting Period for February 2017
Date of meeting 28th March 2017
Prepared by: Lisa Salter, 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	None

1.0 Executive Summary

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

2.0 Staffing Report

The February 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.

February 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
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	95.5%	-4.5	Long term sickness has remained an issue on Cherry but this is being
RN Night shifts	89.3%	-10.7	
HCA / AP Day shifts	98.1%	-1.9	

HCA / AP Night shifts	89.3%	-10.7	managed with HR. All shifts reported as safe.
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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	7RN 3HCA	4RN 2HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/ Actions
RN Day shifts	82.9%	-17.1	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. A new management structure has been developed for Birch ward with 2 band 7 ward managers, who will commence in post approximately May/June 2017.
RN Night shifts	100%	0	
HCA / AP Day shifts	112.8%	+12.8	
HCA / AP Night shifts	117.7%	+17.7	

Maple Suite:

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	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.
RN Night shifts	100%	0	
HCA / AP Day shifts	92.3%	-7.7	
HCA/ AP Night shifts	100%	0	

Coronary Care Unit:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	7RN 1HCA	7RN 1HCA	7RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	99.3%	-0.7	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.
RN Night shifts	91.9%	-8.1	
HCA / AP Day shifts	100%	0	
HCA / AP Night shifts	96.6%	-3.4	

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	84.6	-15.4	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 enhanced needs of patients. All shifts are reported as safe.
RN Night shifts	91	-9	
HCA / AP Day shifts	120.9	+20.9	
HCA / AP Night shifts	135.7	+35.7	

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
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RN Day shifts	82.4	-17.6	Gaps in RN shifts are as a result of some sickness which is being appropriately managed and staff nurses awaiting start dates or PIN numbers hence an increase in HCAs. All shifts are reported as safe.
RN Night shifts	98.8	-1.2	
HCA / AP Day shifts	126.4	+26.4	
HCA / AP Night shifts	107.1	+7.1	

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	74.6	-25.4	The gaps in RN are due to vacancies and staff awaiting start dates or staff awaiting PIN numbers hence an increase in HCA/AP shifts. All shifts are reported as safe.
RN Night shifts	75	-25	
HCA / AP Day shifts	113.7	+13.7	
HCA / AP Night shifts	142.9	+42.9	

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	97.5	-2.5	The reduction in HCA shift cover on nights is where there were 2RNs on shift and occupancy did not require for HCAs to be present. The ward has had 2 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.
RN Night shifts	95.3	-4.7	
HCA / AP Day shifts	85.7	-14.3	
HCA / AP Night shifts	55	-45	

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 was a range of shifts when HDU opened to 5/6 patients. When 3 RNs on shift no HCA required. Clinical decision made on some shifts to increase HCA support in critical care to due acuity levels. New 2017 staff plan for Crit Care /HDU has an increase of HCA support. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	72.7	-27.3	
HCA / AP Night shifts	68.8	-31.2	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100.2	+0.2	Higher HCA support required due to increased acuity. Further HCA recruitment in progress. All shifts are reported as safe.
RN Night shifts	100.6	+0.6	
HCA / AP Day shifts	104.2	+4.2	
HCA / AP Night shifts	102.4	+2.4	

3.0 Summary

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

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)