

Board of Directors (in Public)

Item 3.1

Subject: LHCH Monthly Staffing for Reporting Period for April 2017
Date of meeting 30TH May 2017
Prepared by: Lisa Salter, Divisional Head of Nursing and Quality for Surgery
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Presented by: Karen Wafer, Divisional Head of Nursing and Quality for Medicine
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BAF Ref	Impact on BAF Risk
1.1,1.2	None

1.0 Executive Summary

This report details planned and actual nurse staffing levels for the month of April 2017, including any red flag concerns. All shifts were reported as safe during the month, however, there were 4 red flags on Maple Suite due to not having 2 registered nurses on each shift. (Explanation of red flags can be found in Appendix 1). This did not result in any harm to patients as the acuity and number of patients are always considered. 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 April 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.

April 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	102.9	+2.9	No red flags on Cherry ward. All shifts reported as safe. Variation with RN staffing to support the understaffing of HCA due to sickness.
RN Night shifts	100	0	
HCA / AP Day shifts	49.2	-50.8	
HCA / AP Night shifts	100	0	

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	98	-2	No red flags on Birch ward. All shifts reported as safe. Variation of HCA support on night shifts due to enhanced levels of care.
RN Night shifts	100	0	
HCA / AP Day shifts	90.3	-9.7	
HCA / AP Night shifts	140	+40	

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	65.6	-34.4	Maple and Cherry ward have been working closely to ensure all shifts are safe. Acuity and occupancy is reviewed on a shift basis. The gap in RN day shifts is where there were 2RNs on shift instead of 3 however an AP was also in place to support care delivery, hence an
RN Night shifts	93.5	-6.5	
HCA / AP Day shifts	122.6	+22.6	
HCA/ AP Night shifts	100	0	

			increase is noted in HCA / AP day shifts. A further 3 RN vacancies between Maple and Cherry have now been recruited into and awaiting start dates. The ward has had 4 red flags due to not having 2 RNs per shift All shifts are reported as safe.
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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	102.9	2.9	2 shifts on CCU when the RN's had no breaks. No red flags. All shifts reported as safe. Variation in HCA night shifts to support enhanced levels of care.
RN Night shifts	97.6	-2.4	
HCA / AP Day shifts	95.6	-4.4	
HCA / AP Night shifts	125	+25	

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	84.2	-15.8	The gaps in RN are due to vacancies and staff awaiting start dates. All posts have been recruited to. The increase in HCA/AP shifts has been due to the use of assistant practitioners and HCAs at night to support patients with enhanced needs. All shifts are reported as safe.
RN Night shifts	99.2	-0.8	
HCA / AP Day shifts	77.6	-22.4	
HCA / AP Night shifts	121.1	+21.1	

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 2 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	89	-11	Gaps in RN shifts are as a result of staff nurses awaiting start dates or PIN numbers hence an increase in HCAs. All shifts are reported as safe.
RN Night shifts	88.9	-11.1	
HCA / AP Day shifts	117.3	+17.3	
CA / AP Night shifts	108.3	+8.3	

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	75.4	-24.6	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	73.3	-26.7	
HCA / AP Day shifts	116.1	+16.1	
HCA / AP Night shifts	106.7	+6.7	

Mulberry Ward

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	100	0	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. In addition there are vacancies of HCAs and some sickness. All HCA vacancies have been filled and awaiting start dates. All shifts have been reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	94.4	-5.6	
HCA / AP Night shifts	0	-100	

HDU

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	2RN +1 HCA	2RN +1 HCA	2RN +1HCA
Saturday - Sunday	2RN + 1 HCA(sat) Closed Sun	2RN +1HCA (sat) Closed Sun	Closed

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	Activity for April is lower due to BH days. RN cover remains 100% HCA cover is improving due to recent HCA recruitment
RN Night shifts	100	0	
HCA / AP Day shifts	95.5	-4.5	
HCA / AP Night shifts	87.5	-12.5	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	102.1	+2.1	All shifts compliant with required RN cover HCA cover improving due to recent recruitments.
RN Night shifts	102.4	+2.4	
HCA / AP Day shifts	106.2	+6.2	
HCA / AP Night shifts	122.2	+22.2	

3.0 Summary

There have been 4 red flags on Maple Suite 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

April 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		2850	2400	1575	1222.5	1125	1115.62	843.75	1021.87	84.2%	77.6%	99.2%	121.1%	747	4.7	3.0	7.7
Elm ward	170 - CARDIOTHORACIC SURGERY		2175	1935	1125	1320	843.75	750	562.5	609.37	89.0%	117.3%	88.9%	108.3%	460	5.8	4.2	10.0
Mulberry ward	170 - CARDIOTHORACIC SURGERY		540	540	270	255	337.5	337.5	168.75	0	100.0%	94.4%	100.0%	0.0%	198	4.4	1.3	5.7
Oak Ward	170 - CARDIOTHORACIC SURGERY		1950	1470	1350	1567.5	843.75	618.75	562.5	600	75.4%	116.1%	73.3%	106.7%	435	4.8	5.0	9.8
Birch ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3300	3233	2250	2032.5	1125	1125	562.5	787.5	98.0%	90.3%	100.0%	140.0%	878	5.0	3.2	8.2
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	1050	1080	900	442.5	562.5	562.5	281.25	281.25	102.9%	49.2%	100.0%	100.0%	203	8.1	3.6	11.7
Maple Suite	320 - CARDIOLOGY		1395	915	465	570	581.25	543.75	290.62	290.625	65.6%	122.6%	93.5%	100.0%	192	7.6	4.5	12.1
Coronary Care Unit	320 - CARDIOLOGY		3075	3165	675	645	1969	1922	225	281.25	102.9%	95.6%	97.6%	125.0%	224	22.7	4.1	26.8
High Dependency unit	170 - CARDIOTHORACIC SURGERY		360	360	167	159.5	234.7	234.7	85.3	74.63	100.0%	95.5%	100.0%	87.5%	37	16.1	6.3	22.4
Critical care Unit	170 - CARDIOTHORACIC SURGERY		11655	11902	1575	1672	8077	8269	960	1173	102.1%	106.2%	102.4%	122.2%	564	35.8	5.0	40.8

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)