

Board of Directors (in Public)

Item 6.1.1

Subject: LHCH Monthly Staffing for Reporting Period for May 2017
Date of meeting 25th July 2017
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

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 May 2017, including any red flag concerns. All shifts were reported as safe during the month, however, there were 3 red flags on Mulberry Ward due to not having 2 registered nurses on each shift, 1 red flag on CCU (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 May 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.

May 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	96.8	-3.2	No red flags on Cherry ward. All shifts reported as safe. HCA staffing reflected ward occupancy and acuity levels
RN Night shifts	100	0	
HCA / AP Day shifts	62.9	-37.1	
HCA / AP Night shifts	87.1	-12.9	

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	97.9	-2.1	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	91.3	-8.7	
HCA / AP Night shifts	159.7	+59.7	

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	103.3	+3.3	Maple and Cherry ward have been working closely to ensure all shifts are safe. Acuity and occupancy is reviewed on a shift basis. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	68.3	-31.7	
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	101.2	+1.2	1 shifts on CCU when the RN cover was reduced. This did not breach national staffing guidelines but red flags due to skill mix. All other shifts reported as safe.
RN Night shifts	109.7	+9.7	
HCA / AP Day shifts	99.5	-0.5	
HCA / AP Night shifts	103.2	+3.2	

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	85.1	-14.9	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	93.5	-6.5	
HCA / AP Day shifts	118.9	+118.9	
HCA / AP Night shifts	105.4	+105.4	

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	91.7	-8.3	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	95.7	-4.3	
HCA / AP Day shifts	111.8	+111.8	
CA / AP Night shifts	203.2	+103.2	

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	88.3	-11.7	The level of RN cover on night shift reflects the level of ward activity. Nurse patient ratios have not been breached. All shifts are reported as safe.
RN Night shifts	61.1	-38.9	
HCA / AP Day shifts	114.5	+14.5	
HCA / AP Night shifts	119.4	+19.4	

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	81.3	-18.7	There are 3 red flags reported on shifts where patient occupancy was less than 8 and therefore only 1 registered nurse on duty. On 3 occasions RN was not able to take allocated break, as hospital coordinator unable to support. All HCA vacancies have been filled and awaiting start dates. All shifts have been reported as safe.
RN Night shifts	62.5	37.5	
HCA / AP Day shifts	95.8	-4.2	
HCA / AP Night shifts	93.7	-2.3	

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	HDU only open for 10 shifts throughout whole of May due to reduced activity. All shifts covered as required
RN Night shifts	100	0	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	100	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	106.6	+6.6	Lower than predicted activity throughout May. All shifts covered as planned. Awaiting HCA recruitment but offset by higher RN coverage
RN Night shifts	104.8	+4.8	
HCA / AP Day shifts	90.8	+6.2	
HCA / AP Night shifts	103.2	+3.2	

3.0 Summary

There have been 3 red flags on Mulberry _in relation to the standard of having 2 registered nurses per shift. There was 1 red flag on CCU due to last minute sickness. This did not fall below minimum staffing levels but levels as AP fully utilised used on 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
May 2017

10	Only complete sites your organisation is accountable for			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
11				Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses
12	Ward name	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						
13																			
14	Cedar ward	170 - CARDIOTHORACIC SURGERY		2962.5	2520	1627.5	1335	1162.5	1087.5	871.8	918.7	85.1%	118.3%	93.5%	105.4%				
15	Elm ward	170 - CARDIOTHORACIC SURGERY		2265	2077	1395	1560	871.8	834.3	290.625	590.625	91.7%	111.8%	95.7%	203.2%				
16	Mulberry ward	170 - CARDIOTHORACIC SURGERY		360	292.5	180	172.5	225	140.6	90	84.37	81.3%	95.8%	62.5%	93.7%				
17	Oak Ward	170 - CARDIOTHORACIC SURGERY		1767.5	1560	1395						88.3%	0.0%						
18	Birch ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3255	3187.5	2325	2122.5	1162.5	1162.5	581.25	928.125	97.3%	91.3%	100.0%	159.7%				
19	Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	930	900	930	585	581.25	581.25	290.625	253.125	96.8%	62.9%	100.0%	87.1%				
20	Maple Suite	320 - CARDIOLOGY		900	930	900	615	562.5	562.5	281.25	281.25	103.3%	68.3%	100.0%	100.0%				
21	Coronary Care Unit	320 - CARDIOLOGY		3022.5	3060	697.5	765	2034.375	2025	290.625	300	101.2%	109.7%	99.5%	103.2%				
22	High Dependency unit	170 - CARDIOTHORACIC SURGERY		97.5	97.5	45	45	64.02	64.02	32.01	32.01	100.0%	100.0%	100.0%	100.0%	37	4.4	2.1	6.4
23	Critical care Unit	170 - CARDIOTHORACIC SURGERY		11062.5	11790	1627.5	1477.5	7842.45	8215.9	992.3	1024.3	106.6%	90.8%	104.8%	103.2%	564	35.5	4.4	39.9
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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)