

## Board of Directors (in Public)

### Item 6.1.2

**Subject:** LHCH Monthly Staffing for Reporting Period for June 2017  
**Date of meeting** 25<sup>th</sup> July 2017  
**Prepared by:** Fiona Altintas, Divisional Head of Nursing and Quality for Surgery  
Steven Colfar, Divisional Head of Nursing & Quality for Clinical Services  
**Presented by:** Karen Wafer, Divisional Head of Nursing and Quality for Medicine  
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 June 2017, including any red flag concerns. All shifts were reported as safe during the month, however, there were 2 red flags on Maple Suite, 2 red flags on Cherry ward and 10 red flags on Mulberry due to not having 2 registered nurses on each shift. There was 1 red flag on CCU for a missed medication dose. (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 June 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.

## June 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	100.8	+0.8	2 red flags on Cherry ward due to having less than 2 RN on a shift. There were less than 8 patients on the ward and an AP to support. Further support available from Maple suite as required. All shifts reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	55.8	-44.2	
HCA / AP Night shifts	65.5	-34.5	

### Birch Ward:

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/ Actions
<b>RN Day shifts</b>	100.2	+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. Day shifts supported by HCA's from other areas.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	81.7	-18.3	
<b>HCA / AP Night shifts</b>	106.7	+6.7	

### Maple Suite:

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
<b>RN Day shifts</b>	105	+5	Maple and Cherry ward have been working closely to ensure all shifts are safe. They have been required to support other areas
<b>RN Night shifts</b>	98.3	-1.7	
<b>HCA / AP Day shifts</b>	55	-45	
<b>HCA/ AP Night shifts</b>	100	0	

			with higher acuity requiring HCA support. Acuity and occupancy is reviewed on a shift basis. The ward has had 2 red flags due to not having 2 RNs per shift. There were less than 8 patients on the ward. All shifts are reported as safe.
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### 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>	101.5	+1.5	1 red flag on CCU due to a missed medication dose that is under investigation. This was a delayed administration of warfarin and Ranitidine.No harm came to the patient. All shifts reported as safe.
<b>RN Night shifts</b>	98.1	-1.9	
<b>HCA / AP Day shifts</b>	91.1	-4.4	
<b>HCA / AP Night shifts</b>	100	0	

### Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Sunday	6RN and 4HCA	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>	84.1	-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. Occupancy for June was 86.87% All shifts are reported as safe.
<b>RN Night shifts</b>	95.0	-5.0	
<b>HCA / AP Day shifts</b>	118.1	+18.1	
<b>HCA / AP Night shifts</b>	100.0	+0.0	

### 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 2 HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	78.2	-21.8	Gaps in RN shifts are as a result of staff nurses awaiting start dates or PIN numbers hence an increase in HCAs. Occupancy for June was 92.5%. All shifts are reported as safe.
<b>RN Night shifts</b>	102.2	+2.2	
<b>HCA / AP Day shifts</b>	110.6	+10.6	
<b>CA / AP Night shifts</b>	118.3	+18.3	

### Oak Ward

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	3 RN and 3 HCA	3 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>	84.7	-15.3	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. Occupancy for June was 84.46% All shifts are reported as safe.
<b>RN Night shifts</b>	82.2	-17.8	
<b>HCA / AP Day shifts</b>	103.3	+3.3	
<b>HCA / AP Night shifts</b>	115.4	+15.4	

### Mulberry Ward

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>	87.5	-12.5	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. 10 red flags could be noted for
<b>RN Night shifts</b>	106.3	+6.3	
<b>HCA / AP Day shifts</b>	101.3	+1.3	
<b>HCA / AP Night shifts</b>	93.8	-6.2	

			June due to having 1 RN on shift but in those instances the number of patients was 4-7 patients at any one time. Ward occupancy in June was 33.33% All HCA vacancies have been filled and awaiting start dates. All shifts have been reported as safe.
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#### HDU

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	2RN +1 HCA	2RN +1 HCA	2RN +1HCA
<b>Saturday - Sunday</b>	2RN + 1 HCA(sat) Closed Sun	2RN +1HCA (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	For a second month, HDU only open for 10 days throughout the month, often with 3 patients or less. HCA support only required when HDU is full as 2 RNs always in attendance
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	100	0	
<b>HCA / AP Night shifts</b>	100	0	

#### SICU

Staff requirements on each shift:

	<b>Compliance %</b>	<b>Variance %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	102.1	+2.1	Lower than predicted activity in June overall. All shifts covered as planned. Awaiting HCA recruitment but offset by higher RN coverage
<b>RN Night shifts</b>	105.8	+5.8	
<b>HCA / AP Day shifts</b>	93.9	+3.9	
<b>HCA / AP Night shifts</b>	79.2	+21.8	

### 3.0 Summary

There have been 1 red flags on Maple Suite and 10 red flags in Mulberry 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

### June 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)