

Board of Directors (in Public)

Item 2.1.2

Subject: LHCH Monthly Staffing for Reporting Period for August 2017
Date of meeting 31ST October 2017
Prepared by: Fiona Altintas, 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
1.1,1.2	None

1.0 Executive Summary

This report details planned and actual nurse staffing levels for the month of August 2017, including any red flag concerns. All shifts were reported as safe during the month; however, there was 1 red flag on Cherry ward due to having less than 2 RN's (Explanation of red flags can be found in Appendix 1). In the surgical division there were 2 red flags on Cedar due to last minute sickness absence. On mulberry ward according to nice guidance there would have been 24 red flags reported however our assessment is that, these are not red flags, as there was always less than 8 patients to one nurse which is deemed acceptable within our Trust, due to the dependency of the patients in that area and all shifts were safe.

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. There is no standard guidance as to how Trusts should utilise care hours per patient day. The Director of Nursing and Quality is currently reviewing the Data for LHCH in line with the care hours per patient day from The Brompton and Papworth Hospitals.

2.0 Staffing Report

The August 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.

August 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	116.7	+16.7	There was 1 x red flag on cherry ward due to having 1 RN on shift. There were less than 8 patients on this occasion. Variation in RN day shifts was to support the AP under staffing. All shifts reported as safe.
RN Night shifts	113	+13	
HCA / AP Day shifts	64.8	-35.2	
HCA / AP Night shifts	103.7	+3.7	

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	99.8	-0.2	Variation of HCA support on night shifts due to enhanced levels of care. Flexibility across each side of Birch in place to support as required. All shifts reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	92.9	-7.1	
HCA / AP Night shifts	140.3	+40.3	

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
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RN Day shifts	85.2	-14.8	HCA variation relates to the support required for AP cover of RN gaps and dependency on the ward. Acuity and occupancy is reviewed on a shift basis. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	144.6	+44.6	
HCA/ AP Night shifts	103.2	+3.2	

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	96	-4	One early shift reported as having high acuity, therefore support was provided by the matron. Reductions in staffing relate to low acuity. All shifts reported as safe.
RN Night shifts	95.4	-4.6	
HCA / AP Day shifts	92.5	-7.5	
HCA / AP Night shifts	80.6	-19.4	

Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Sunday	6RN and 4HCA	6RN and 3HCA	4RN and 3HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	92.2%	-7.8%	The gaps in RN are due to vacancies and staff awaiting start dates but an improvement has been noted with compliance. 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. Two red flags were recorded due to last minute sickness on shift – this did not impact on patient safety. All shifts are reported as safe.
RN Night shifts	100.8%	+0.8%	
HCA / AP Day shifts	124.0%	+24%	
HCA / AP Night shifts	120.4%	+20.4%	

Elm Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	4 RN and 3 HCA	4 RN and 2 HCA	3 RN and 2 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	96.7%	-3.3%	Gaps in RN shifts are as a result of staff nurses awaiting start dates or PIN numbers hence an increase in HCAs. There was one occasion where a RN missed her break due to a deteriorating patient that subsequently returned to Critical care. All shifts reported as safe.
RN Night shifts	92.5%	-7.5%	
HCA / AP Day shifts	117.4%	+17.4%	
CA / AP Night shifts	117.7%	+17.7%	

Oak Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	3 RN and 3 HCA	3 RN and 3 HCA	3 RN and 2 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	102.4%	-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. All shifts are reported as safe.
RN Night shifts	92.4%	-17.8	
HCA / AP Day shifts	117.2%	+3.3	
HCA / AP Night shifts	109.7%	+15.4	

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	79.5%	-20.5%	The reduction in HCA shift cover on nights is where there were 2RNs on shift and
RN Night shifts	77.3%	-22.7%	
HCA / AP Day shifts	106.7%	+6.7%	
HCA / AP Night	81.8%	-18.2%	

shifts			occupancy did not require for HCAs to be present. 24 red flags could be noted for August due to having 1 RN on shift but in those instances the number of patients was 4-7 pre- operative patients at any one time. The surgical matron also based herself on the ward to support the staffing. The ward was closed for a total of 9 days throughout August. 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:

	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 utilisation continues to be at a low level as most activity can be accommodated within critical care. All shifts reported as safe
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	101.7	+1.7	HCA cover remains below plan but all shifts fully reported as safe due to lower than expected planned activity.
RN Night shifts	102.1	+2.1	
HCA / AP Day shifts	96.8	-3.2	
HCA / AP Night shifts	92.5	-7.5	

3.0 Summary

There was 1 red flag on Cherry ward, 2 red flags on Cedar and according to NICE guidance 24 red flags in Mulberry. However, our assessment is that these are not red flags as there was

always less than 8 patients to one nurse which is deemed acceptable within our Trust due to the dependency of the patients in that areas. 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)