

## Board of Directors (in Public)

### Item 2.1.3

**Subject:** LHCH Monthly Staffing for Reporting Period for July 2017  
**Date of meeting** 31<sup>st</sup> October 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 July 2017, including any red flag concerns. All shifts were reported as safe during the month, however, there was 1 red flag on Maple Suite, 4 red flags on Cherry ward, 2 red flags on Cedar (this was covered by increasing HCA staff) and 1 red flag on Mulberry all for having one registered nurse on duty however in all cases we were within the 1-8 patient ratio. There were 3 red flags on CCU. 2 x for a missed medication dose and 1 x for staffing (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. There is no national directive for care hours per patient day. The Director of nursing has commenced some benchmarking work with Papworth and the Brompton hospitals to begin to compare data. Further information is explained further in Appendix 3.

### 2.0 Staffing Report

The July 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.

## July 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	91.1	-8.9	There were 4 red flags on cherry ward due to having 1 RN on shift. There were less than 8 patients on each occasion. Flexible working and support from Maple and CCU was in place. All shifts reported as safe.
RN Night shifts	83.9	-16.1	
HCA / AP Day shifts	55.6	-44.4	
HCA / AP Night shifts	74.2	-25.8	

### 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>	100.7	+0.7	No red flags on Birch ward. All shifts reported as safe. 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.
<b>RN Night shifts</b>	99.2	-0.8	
<b>HCA / AP Day shifts</b>	85.8	-14.2	
<b>HCA / AP Night shifts</b>	101.6	+1.6	

### 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>	101.6	+1.6	Maple had 1 red flag due to have 1 x RN on a shift. CCU and Cherry
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	62.9	-37.1	

<b>HCA/ AP Night shifts</b>	100	0	ward supported as required. Maple suite provided support to other areas with higher acuity requiring HCA support. Acuity and occupancy is reviewed on a shift basis. 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>	98.3	-1.7	3 red flags on CCU due to 2 x missed medication doses that have been investigated. This was a delayed administration of anti rejection drugs due to a prescription error and delayed administration of IV frusemide due to human error. No harm came to the patients. 1 red flag was related to staffing reduction but acuity was low. All shifts reported as safe.
<b>RN Night shifts</b>	94.9	-5.1	
<b>HCA / AP Day shifts</b>	98.9	-1.1	
<b>HCA / AP Night shifts</b>	90.3	9.7	

### Cedar Ward

Staff requirements on each shift:

Day	<b>Early</b>	<b>Late</b>	<b>Night</b>
<b>Mon - Sunday</b>	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>	91.9%	-8.1%	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. There were 2 red flags for RN cover but HCA numbers
<b>RN Night shifts</b>	97.6%	-2.4%	
<b>HCA / AP Day shifts</b>	123%	+23%	
<b>HCA / AP Night shifts</b>	107.5%	+7.5	

			increased to mitigate. All shifts are reported as safe.
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### 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>	102.4%	+2.4%	Gaps in RN shifts are as a result of staff nurses awaiting start dates or PIN numbers hence an increase in HCAs. Band 4 AP were utilised to mitigate RN gaps on Night shifts, alongside increased HCA cover. All shifts are reported as safe.
<b>RN Night shifts</b>	77.4%	-22.6%	
<b>HCA / AP Day shifts</b>	112.9%	+12.9%	
<b>CA / AP Night shifts</b>	127.4%	+27.4%	

### 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>	101.1%	+101%	The gaps in RN are due to vacancies and staff awaiting start dates or staff awaiting PIN numbers .Band 4 AP were utilised to mitigate RN gaps on Night shifts, alongside increased HCA cover. All shifts are reported as safe.
<b>RN Night shifts</b>	63.7%	-36.3%	
<b>HCA / AP Day shifts</b>	111.3%	+11.3%	
<b>HCA / AP Night shifts</b>	135.5%	+135.5%	

### 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>	97.5%	-2.5%	The reduction in HCA shift cover on nights is
<b>RN Night shifts</b>	90%	-10%	

<b>HCA / AP Day shifts</b>	105%	+5.0%	where there were 2RNs on shift and occupancy did not require for HCAs to be present. 1 red flag was noted for July due to having 1 RN on shift but in those instances the number of patients was 4-7 patients at any one time. Mulberry ward was open for a total of 10 days in July. All HCA vacancies have been filled and awaiting start dates. All shifts have been reported as safe.
<b>HCA / AP Night shifts</b>	80%	-20%	

#### 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	HDU utilisation continues at a low level as most activity can be accommodated within critical care. All shifts reported as safe.
<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>	101.6	+1.6	HCA cover remains below plan but all shifts fully reported as safe due to lower than expected planned activity
<b>RN Night shifts</b>	102.1	+2.1	
<b>HCA / AP Day shifts</b>	100	0	
<b>HCA / AP Night shifts</b>	84.9	-15.1	

### 3.0 Summary

There was 1 red flag on Maple Suite, 4 red flags on Cherry ward, 2 red flag on Cedar Ward and 1 red flag on Mulberry due to not having 2 registered nurses on each shift. There were 3 red flags on CCU: 2 x for a missed medication dose and 1 x for staffing. 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  
July 2017

11	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								
14	Cedar ward	170 - CARDIOTHORACIC SURGERY		2790	2565	1627.5	2002.5	1162.5	1134.3	871.87	937.5	91.9%	123.0%	97.6%	107.5%	879	4.2	3.3	7.6
15	Elm ward	170 - CARDIOTHORACIC SURGERY		1860	1905	1162.5	1312.5	871.87	675	581.25	740.625	102.4%	112.9%	77.4%	127.4%	555	4.6	3.7	8.3
16	Mulberry ward	170 - CARDIOTHORACIC SURGERY		300	292.5	150	157.5	187.5	168.75	93.75	75	97.5%	105.0%	90.0%	80.0%	84	5.5	2.8	8.3
17	Oak Ward	170 - CARDIOTHORACIC SURGERY		1395	1410	1395	1552.5	971.87	618.75	581.25	787.5	101.1%	111.3%	63.7%	135.5%	532	3.8	4.4	8.2
18	Birch ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3255	3277.5	2325	1395	1162.5	1153	581.25	590.625	100.7%	85.8%	99.2%	101.6%	1036	4.3	2.5	6.8
19	Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	930	847.5	930	517.5	581.25	487.5	290.625	215.625	91.1%	55.6%	83.9%	74.2%	178	7.5	4.1	11.6
20	Maple Suite	320 - CARDIOLOGY		930	945	930	585	581.25	581.25	290.625	290.625	101.6%	62.9%	100.0%	100.0%	275	5.6	3.2	8.7
21	Coronary Care Unit	320 - CARDIOLOGY		3022.5	2970	637.5	690	2034.4	1931.25	290.6	262.5	98.3%	98.9%	94.9%	90.3%	254	19.3	3.8	23.0
22	High Dependency unit	170 - CARDIOTHORACIC SURGERY		255	255	105	105	171.2	171.2	53.35	53.35	100.0%	100.0%	100.0%	100.0%	26	16.4	6.1	22.5
23	Critical care Unit	170 - CARDIOTHORACIC SURGERY		12142.5	12337.5	1627.5	1627.5	8482.6	8664	992.3	842.9	101.6%	100.0%	102.1%	84.9%	732	28.7	3.4	32.1
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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)