

Board of Directors (in Public)

Item 2.1

Subject: LHCH Monthly Staffing for Reporting Period for October 2017

Date of meeting 28th November 2017

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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 October 2017, including any red flag concerns. All shifts were reported as safe during the month. There was 1 red flag on CCU and 3 red flags on Birch ward due to a reduction of RN staffing for more than 8 hours. In addition there were 8 red flags on Mulberry due to only having less than 2 RN's 1 RN, 2 red flags on Oak and 2 red flags on Cedar.

On Mulberry ward, according to nice guidance, there would have been 8 red flags reported however as there were always less than 8 patients to one nurse this was deemed acceptable and patients were safe. (Explanation of red flags can be found in Appendix 1). For Birch ward, where RN staffing was reduced, this was supported by the matron, HoN and hospital co-ordinator to ensure safety. On cedar ward Assistant Practitioners and Advanced Nurse Practitioners were utilised to ensure safe staffing levels. 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 October 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.

October 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	119.4	+19.4	No red flags on Cherry ward. The variation relates to the acuity and dependency on the ward with multiple end of life patients at this time.
RN Night shifts	111.1	+11.1	
HCA / AP Day shifts	67.6	-32.4	
HCA / AP Night shifts	111.1	+11.1	

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	91.2	-8.8	3 red flags on Birch ward due to reduction of RN staffing for more than 8 hours . Cross cover provided from other areas within the organisation as required. 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	100.8	+0.8	
HCA / AP Day shifts	98.7	-1.3	
HCA / AP Night shifts	133.9	+33.9	

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	85.2	-14.8	No red flags. Acuity and occupancy is reviewed on a shift basis. All
RN Night shifts	100	0	
HCA / AP Day shifts	65.6	-34.4	

HCA/ AP Night shifts	100	0	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	99.3	-0.7	All shifts reported as safe. 1 red flag as shift reported as having high acuity requiring additional RN cover. Support from matron provided. Ward manager and supervisory educational lead in the numbers to provide support on 15 shifts relating to acuity as per the agreed staffing mitigation.
RN Night shifts	97.2	-2.8	
HCA / AP Day shifts	87.1	-12.9	
HCA / AP Night shifts	83.9	-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	89.3%	-10.7%	The gaps in RN are due to vacancies although this has improved. 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. 2 Red flags noted due to late notice sickness but RN gap supported with x2 AP's. All shifts are reported as safe.
RN Night shifts	100%	+0.0	
HCA / AP Day shifts	153.5%	+53.5%	
HCA / AP Night shifts	135.5%	+35.5%	

Elm 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	98.5%	-1.5%	Gaps in RN shifts have reduced. Remaining gaps are a result of staff nurses awaiting start dates and ad hoc sickness. Increased HCA presence to support high acuity and patients with enhanced levels of care. All shifts are reported as safe. No red flags reported.
RN Night shifts	93.6%	-6.4%	
HCA / AP Day shifts	149.7	+49.7%	
CA / AP Night shifts	153.2%	+53.2%	

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	92.8%	-7.2%	Gaps in RN shifts have reduced. Remaining gaps are a result of staff nurses awaiting start dates. Increased HCA/AP presence to support high acuity and patients with enhanced levels of care. All shifts are reported as safe. No red flags reported.
RN Night shifts	80.6%	-19.4%	
HCA / AP Day shifts	119.9%	+19.9%	
HCA / AP Night shifts	124.2%	+24.2%	

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	85.0%	-15.0%	The reduction in HCA shift cover on nights is where there were 2RNs on shift and
RN Night shifts	93.3%	-6.7%	
HCA / AP Day shifts	60.0%	-40.0%	
HCA / AP Night	26.7%	-73.3%	

shifts			occupancy did not require for HCAs to be present. 8 red flags could be noted for October 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 closed for over 50% of October. 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	100.4	+0.4	All shifts reported as safe. HCA cover in daytime is above plan when HDU has been closed
RN Night shifts	100.2	+0.2	
HCA / AP Day shifts	116.1	+16.1	
HCA / AP Night shifts	96.8	-3.2	

3.0 Summary

All shifts have been reported as safe despite there being a number of red flags recorded according to nice guidance as support has been provided on all these shifts to mitigate any risk. Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This does, however, result in staff moves on occasion to manage risk and to provide additional support for areas where acuity of patients is higher.

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 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)