

Board of Directors (Public)

Item 2.1

Subject: LHCH Monthly Staffing for Reporting Period for June 2016
Date of meeting 26 July 2016
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Presented by: Tony Wilding Chief Operating Officer

BAF Ref	Impact on BAF
1.1,1.2	None

1.0 Executive Summary

From June 2014, NHS England has stipulated that all Trusts with inpatient beds are required on a monthly basis to publish their staffing levels (planned versus actual) in hours on the NHS Choices website. In addition, Trusts are required to publish this data on their own website, on an individual ward basis. This information sits alongside a range of other indicators related to staffing within the Trust e.g. date of last fall/ pressure ulcer etc.

It is also a requirement of NHS England for Trusts to present staffing information on a monthly basis to the Board of Directors to ensure they are appraised of staffing within the organisation in line with national directives. LHCH highlights this information on each ward to the public by displaying it on electronic boards at the entrance of each ward which is updated for each shift.

At LHCH, information relating to staffing establishments, patient safety issues, occupancy etc., has been presented 6-monthly for the last 4 years, undergoing scrutiny by the Heads of Nursing. A report was presented in December 2015 to the Quality Committee and Divisional Governance Committees by the Heads of Nursing.

This report details planned and actual nurse staffing levels for the month of June 2016, including any red flag concerns. All shifts were reported as safe during the month however there were 13 shifts with red flag concerns noted for Mulberry ward due to not having 2 registered nurses on each shift. (Explanation of red flags can be found in Appendix 1). Further red flags have been noted on Cherry Ward and Maple Suite due to not having 2 registered nurses on shift. Safety was not compromised as at no time was the registered nurse responsible for more than eight patients. This month, NHS Improvement have requested that an additional methodology is 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 2.

This month, the National Quality Board (July 2016) released a document that highlighted the importance of safe, sustainable and productive staffing, to ensure that patients are 'put first' and prioritised. The document encapsulates the principles of the Carter report and the Five Year Forward View in maintaining quality and cutting out unnecessary costs. This report identifies the

importance of teams caring for patients as opposed to the focus of nurse to patient ratios. It is the intention of the senior nursing team to review the document and understand the implications for LHCH, whilst also waiting for further information to be released by NHS Improvement. This information will be shared with staff Trust wide and further information will be featured within the next paper.

2.0 Staffing Report

The information demonstrates the staffing information per ward and details planned staffing versus actual, stating which shifts have not met their staffing ratio and reasons for this. Where staffing compliance is not at 100%, the paper details the reasons why and the action taken to address the shortfall. On a daily basis, professional judgement is used to ensure that the wards have the appropriate staff and skill mix in place to ensure that safe quality care is delivered to patients and their families. Any risks are managed and escalated to the Heads of Nursing and discussed at the safety huddle with the Chief Executive. The June 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 2016 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	95.8	-4.2	Long term sickness and maternity leave is on-going which has resulted in staffing not being at 100% compliance. 3 x RN vacancies have been recruited to however, planned start dates are September 2016. Cherry ward and Maple Suite continue to work together to ensure any gaps are covered. All shifts have been safe.
RN Night shifts	95.0	-5	
HCA / AP Day shifts	68.3	-31.7	
HCA / AP Night shifts	93.3	-6.7	

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	6RN 3HCA	4RN 2HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/ Actions
RN Day shifts	90.5	-9.5	Support has been given to other areas to assist with staff shortage or high acuity at times. Enhanced levels of care have resulted in additional support at night by healthcare staff. The HON is doing further work with the ward manager to address the management of this group of patients. All shifts have been reported as safe.
RN Night shifts	99.2	-0.8	
HCA / AP Day shifts	102.1	+2.1	
HCA / AP Night shifts	151.7	+51.7	

Maple Suite:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	3RN 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
Saturday /Sunday	2RN 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	97.6	-2.4	Maple and Cherry ward have been working closely to ensure all shifts are safe. The flexibility of the workforce is part of an improvement plan as Maple can support Cherry but Cherry cannot as yet support Maple due to the surgical nature of this area. The Ward Manager is fully aware of the training needs and the gap and is working towards resolving this to further strengthen flexibility between both areas. Acuity and occupancy is reviewed on a shift basis. All shifts are reported as safe.
RN Night shifts	98.7	-1.3	
HCA / AP Day shifts	101.6	+1.6	
HCA/ AP Night shifts	98.9	-1.1	

Coronary Care Unit:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	7RN 1AP 1HCA	7RN 1HCA	7RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100.3	+3	There have been gaps in many of the night shifts and this has been addressed by staffing according to occupancy levels. Further work is in progress to understand the levels of care required by the patients in CCU as a 1-2 ratio of nurse to patients is not always required.
RN Night shifts	97.6	-2.4	
HCA / AP Day shifts	104.4	+4.4	
HCA / AP Night shifts	83.0	-17	

Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Fri	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA
Sat –Sun	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	81.2	-18.8	The gaps in RN are due to some vacancies, which are now all appointed to and awaiting start dates of staff. Assistant practitioners have been utilised where appropriate and there has been staff that are awaiting their NMC registration PIN number, hence difference in figures. All shifts are reported as safe.
RN Night shifts	75.0	-25	
HCA / AP Day shifts	138.3	+38.3	
HCA / AP Night shifts	135.6	+35.6	

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 1 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	90.1	-9.9	There has been an increase in HCA/AP at night to support gaps in RN requirements and for patients with enhanced needs however this has returned to usual staffing now. The Ward Manager has been included in the numbers to support some shifts. All shifts are reported as safe.
RN Night shifts	87.8	-12.2	
HCA / AP Day shifts	102.2	+2.2	
HCA / AP Night shifts	176.7	+76.7	

Oak 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	85.1	-14.9	The gaps in RN are due to vacancies and awaiting new staff to start in post. Band 4 staff have been utilised where appropriate. The Ward Manager has been included in the numbers to support some shifts. All shifts are reported as safe.
RN Night shifts	72.2	-27.8	
HCA / AP Day shifts	110	+10	
HCA / AP Night shifts	138.3	+38.3	

Mulberry Ward (formerly Surgical Admissions Unit)

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	90.8	-9.2	There is a reduction in RNs on some shifts. On these occasions, there has been an AP
RN Night shifts	81.6	-18.4	
HCA / AP Day shifts	110.5	+10.5	
HCA / AP Night	89.5	-10.5	

shifts			and HCA on shift and the ratio of nurse to patients has been 1:8 or less and the ward is noted to be safe (hence increase in HCA/AP staff). However, we are not compliant with national NICE guidance of 2 RNs per shift. This has resulted in red flags being noted on 13 shifts. The Ward Manager has been included in the numbers to support shifts. 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 SW	2RN +1 SW	2RN +1SW
Saturday - Sunday	2RN + 1 SW	2RN + 1SW	2RN +1 SW

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	HCA resource allocated according to dependency of patients. RN cover in place at all times. No red flags identified.
RN Night shifts	100	0	
HCA / AP Day shifts	64.7	-35.3	
HCA / AP Night shifts	81.8	-19.2	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100.4	+0.4	Acuity has not been high in June. Supernumerary (Team Leader) staff used when not busy. All shifts identified as safe.
RN Night shifts	99.2	-0.8	
HCA / AP Day shifts	70	-30	
HCA / AP Night shifts	98.4	-1.6	

3.0 Summary

There have been red flags within Mulberry ward in relation to the standard to have 2 registered nurses per shift. This is mitigated by ensuring that where there is one registered nurse, the 1:8 ratio is always met. This is being managed within the Divisions. The wards are safe and staff is managed according to occupancy and reviewed on a shift by shift basis. Where dependent patients are identified, extra staff are brought in to support them. In light of the recently published safe staffing guidance from the National Quality Board there is a renewed focus on care teams and care hours per patient day rather than ratios of staff to patients. Over the next six months the Trust will refresh how we assess safe staffing in line with this guidance and further directives from NHSI. Further discussions are also held at the daily safety huddle in the CEO office daily at 9.30am.

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 new Care hours per patient day (CHPPD) data this month.

Appendix 1 Definition of 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)

Appendix 3. June 2016

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		2310	1875	1350	1867.5	1125	843.75	843.75	1143.75	81.2%	138.3%	75.0%	135.6%	790	3.4	3.8	7.3
Elm Ward	170 - CARDIOTHORACIC SURGERY		2190	1972.5	1350	1380	843.75	740.62	281.25	496.87	90.1%	102.2%	87.8%	176.7%	572	4.7	3.3	8.0
Mulberry Ward	170 - CARDIOTHORACIC SURGERY		570	517.5	285	315	356.25	290.62	178.12	159.37	90.8%	110.5%	81.6%	89.5%	184	4.4	2.6	7.0
Oak Ward	170 - CARDIOTHORACIC SURGERY		1965	1672.5	1125	1237.5	843.75	609.37	562.5	778.12	85.1%	110.0%	72.2%	138.3%	557	4.1	3.6	7.7
Birch Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3315	3000	1800	1837.5	1125	1115.6	562.5	853.13	90.5%	102.1%	99.2%	151.7%	1047	3.9	2.6	6.5
Cherry Ward	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	900	862.5	900	540	562.5	534.375	281.25	262.5	95.8%	60.0%	95.0%	93.3%	281	5.0	2.9	7.8
Maple Suite	320 - CARDIOLOGY		930	907.5	465	472.5	589	581.25	294.5	290.625	97.6%	101.6%	98.7%	98.7%	302	4.9	2.5	7.5
Coronary Care Unit	320 - CARDIOLOGY		2925	2902.5	675	705	1968.75	1912.5	281.25	234.375	99.2%	104.4%	97.1%	83.3%	248	19.4	3.8	23.2
High Dependency Unit	170 - CARDIOTHORACIC SURGERY		382.5	382.5	127.5	82.5	234.74	234.74	117.37	96.03	100.0%	64.7%	100.0%	81.8%	42	14.7	4.3	18.9
Critical Care Unit	170 - CARDIOTHORACIC SURGERY		11340	11385	1800	1260	8034	7970.49	1280	1260	100.4%	70.0%	99.2%	98.4%	711	27.2	3.5	30.8