

Board Meeting

Subject: LHCH Monthly Staffing
Date of meeting: 5th September 2014
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Presented by: Sue Pemberton, Director of Nursing and Quality

1.0 Introduction / Background

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 a ward by ward basis. This information sits alongside a range of other indicators related to the Trust. Patients and members of the public are able to see clearly how hospitals are performing on staffing in an easy and accessible way.

It is also a requirement of NHS England for Trusts to present this information on a monthly basis to the Board of Directors to ensure they are appraised of staffing within the organisation. Due to national directives, LHCH must also highlight this information on each ward to the public. In addition this information is displayed on boards at the entrance of each ward which is updated each shift.

At LHCH, information relating to staffing establishments, patient safety issues, occupancy etc., has been presented 6-monthly for the last 3 years, undergoing scrutiny by the ADNS, directorate governance committees and workforce committee. The last paper was presented to the Board of Directors on 24th June 2014.

2.0 Staffing Report

The information below 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. This report needs to be considered alongside the six monthly staffing paper that is reported to the board.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY for August 2014 data based on the information included in this paper.

Amanda Unit

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	3RN(2 shifts) 1AP 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	90.2%	-9.8%	The Ward Manager has worked clinical shifts to support staffing. Coordinators have taken the decision to locate Amanda Unit admissions onto another ward when appropriate, to ensure safe staffing. All shifts have been deemed safe by the Ward Manager and ADNS.
RN Night shifts	96.9%	-3.1%	
HCA / AP Day shifts	73.1%	-26.9%	
HCA / AP Night shifts	77.6%	-22.4%	

Birch Ward:

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	9RN 1AP 4HCA	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	97.7	-2.3%	Some last minute annual leave and moving staff to other areas has occurred due to a reduced activity on Birch ward for August. There are 6 staff on maternity leave at present and staffing numbers are flexed according to the needs of the ward. All shifts have been reported as being safe.
RN Night shifts	99.1%	-0.9%	
HCA / AP Day shifts	94.1%	-5.9%	
HCA / AP Night shifts	86.7%	-13.3%	

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	112%	+12%	Some early shifts have three trained staff instead of the planned two RN and an AP. This reflects in the % split. HCA's are moved to other wards and bank is cancelled when patient numbers or dependency allow. All shifts were reported as safe.
RN Night shifts	100%	0%	
HCA / AP Day shifts	94.4%	-5.6%	
HCA / AP Night shifts	90.3%	-9.7%	

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	91.9%	-8.1%	Where occupancy has required, the Nurse in Charge has also been on telemetry. All shifts are reported as being safe.
RN Night shifts	90.8%	-9.2%	
HCA / AP Day shifts	94.2%	-5.8%	
HCA / AP Night shifts	51.6%	-48.4%	

Cedar Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	5RN and 3HCA	5RN and 2HCA	3RN and 2HCA
Saturday	5RN and 3HCA	4RN and 2HCA	3RN and 2HCA
Sunday	5RN and 3HCA	4RN and 2HCA	3RN and 2HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	89	-11	Some gaps in registered nurses due to vacancies. Extra
RN Night shifts	100	0	
HCA / AP Day shifts	103.3	+3.3	

HCA / AP Night shifts	101.5	+1.5	HCA/AP staff booked to support patients at risk of falls and to care for patients who are confused. All shifts are reported to be safe.
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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	98.3	-1.7	Extra staff used to support patient dependency, due to a patient with a stroke, confusion and risk of falls. The additional 93.6% equates to one extra HCA per night shift for 29 of the nights through the month. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	117.2	+17.2	
HCA / AP Night shifts	193.6	+93.6	

HDU

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	2	2	2
Saturday - Sunday	2	2	2

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	111.5	+11.5	Extra staff have been required as some patients have required an extra days stay on the unit. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	0	0	
HCA / AP Night shifts	0	0	

Oak Ward

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	98.1	-1.9	Extra staff have been utilised to support
RN Night shifts	100	0	

HCA / AP Day shifts	112.1	+12.1	patients who are at risk of falls or have fallen. Staffing has been deemed as safe for each shift.
HCA / AP Night shifts	108.1	+8.1	

Surgical Admissions Unit

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Thursday	1 RN and 2 HCA	2 RN and 2 HCA	1 RN 1 AP
Friday	1 RN and 2 HCA	CLOSED	CLOSED
Saturday	CLOSED	CLOSED	CLOSED
Sunday	CLOSED	2RN and 2 HCA	1 RN 1 AP

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	86.6	-13.4	Some staff sickness of HCAs however low numbers of patients / patient dependency. HCA sent to support other surgical areas on a couple of occasions at times when patient dependency was safe to support this. Occupancy not as high as previous months. Staffing has been deemed as safe for each shift. The use of Assistant Practitioners (within the HCA numbers) can take a group of patients with support.
RN Night shifts	88.2	-11.8	
HCA / AP Day shifts	125.7	+25.7	
HCA / AP Night shifts	100	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100	0	Supervisory staff are required on a shift by shift basis to support patient care. There are some vacancies in the HCA staff which have been appointed to. This information is scrutinised on a shift basis and staffing appropriate for patient care. Staffing has been deemed as safe
RN Night shifts	97.5	-2.5	
HCA / AP Day shifts	71	-29	
HCA / AP Night shifts	74	-26	

			for each shift.
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3.0 Summary

In summary, the wards are safe and staff is managed and reviewed on a shift by shift basis. Where dependent patients are identified, extra staff are brought in to support them. The paper has identified several themes, which are currently being actioned:-

- Regular discussion between the ward managers and ADNS to examine staffing and the results of each paper.
- Close inter-directorate team working to enable quick flexible response to unpredictable events such as last minute sickness, increase in patients undergoing Primary PCI, increased acuity/dependency of surgical post-operative patients etc.

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 is 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.

