

Board Paper

Item

Board Meeting

Subject: LHCH Monthly Staffing
Date of meeting: 27th January, 2015
Prepared by: Lisa Salter, Assistant Director of Nursing (SACC)
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Presented by: Sue Pemberton, Director of Nursing and Quality

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Bronze	1,2	None

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 in relation to 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 electronic 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 and the next paper will be presented in January 2015.

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 will be reported to the Board in January. 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. It is important to note, that during the Christmas period in December, there was a planned reduction in activity, which resulted in some

ward closures and reduced overall occupancy. This is reflected in some of the ward areas in the staffing figures reported.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for November 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	79%	-21%	The ward was closed from the 24 th December which reflects in the reduced compliance with planned staffing. The ward has been covered safely and staff have flexed to ensure the right cover has been given to meet the acuity and activity of patients. All shifts have been safe.
RN Night shifts	87%	-13%	
HCA / AP Day shifts	67%	-33%	
HCA / AP Night shifts	58%	-42%	

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%	-3%	There has been a requirement for specials and this has sometimes been unmet during the day although has resulted in +9% of HCA usage at night. This has been managed on a shift by shift basis and registered staff have flexed appropriately.
RN Night shifts	92%	-8%	
HCA / AP Day shifts	72%	-28%	
HCA / AP Night shifts	109%	+9%	

			The role of care partner has worked well in supporting patients. Some shifts have had less activity due to the Christmas period. All shifts have been safe.
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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	123%	+23%	The variance shown is due to AP/RN cover for shifts. All shifts were reported as safe.
RN Night shifts	98%	-2%	
HCA / AP Day shifts	73%	-27%	
HCA / AP Night shifts	96%	-4%	

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	98%	-2%	Where occupancy and acuity has been at a high level, the Nurse in Charge has also taken on the telemetry role. The Ward Manager has worked within the numbers when required to ensure the ward is safe. The staffing levels have been discussed at the daily safety huddle and staff moved from various wards to support CCU where necessary. Bank and agency staff have been utilised and this will be reported fully in the 6 monthly Board report. All shifts are reported as being safe.
RN Night shifts	90%	-10%	
HCA / AP Day shifts	53%	-47%	
HCA / AP Night shifts	93%	-7%	

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	80.8	-19.2	The ward has utilised Assistant Practitioners within this off duty to support differences in Registered Nurses. The APs are able to care for a team of patients under the guidance of an RN. Bank and agency staff were utilised during this time and staff moved from other areas, where appropriate to support care and safety. New staff have commenced employment on the ward and have had supernumerary status. All shifts are reported to be safe.
RN Night shifts	123.7	+23.7	
HCA / AP Day shifts	129.7	+29.7	
HCA / AP Night shifts	127.4	+27.4	

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	This month the ward has experienced a number of patients who have had
RN Night shifts	100	0	
HCA / AP Day shifts	123.1	+23.1	
HCA / AP Night	177.4	+77.4	

shifts			confusion, been at risk of falls and some patients who have required close monitoring and intervention due to airway management, and the ward has been staffed accordingly. All shifts are reported as safe.
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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	100	0	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	94.5	-5.5	Bank and agency staff have been utilised to support some short-term sickness and increased patient acuity requiring closer monitoring. Staffing has been deemed as safe for each shift.
RN Night shifts	103.2	+3.2	
HCA / AP Day shifts	154.8	+54.8	
HCA / AP Night shifts	145.2	+45.2	

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	Variance to planned	Comments/Actions
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	planned staffing %	staffing %	
RN Day shifts	100	0	Staff have supported other surgical areas on several occasions as a result of SAU closing due to reduced planned activity and occupancy. Staffing has been deemed as safe for each shift.
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	101.4	+1.4	There are some vacancies in the RN and HCA staff which are being managed by the Matron. Other staff not counted in the numbers (Education Team, APs, etc) have supported this gap ensuring that patient care is safe and appropriate. Scrutiny is given on a shift by shift basis to ensure staffing is appropriate to deliver safe patient care. Staffing has been deemed as safe for each shift.
RN Night shifts	106.2	+6.2	
HCA / AP Day shifts	77.4	-22.6	
HCA / AP Night shifts	82.6	-17.4	

3.0 Summary

In summary, the wards are safe and staff is managed and reviewed on a shift by shift basis. Staffing is discussed, support given and managed at the daily Trust safety huddle. Where dependent patients are identified, extra staff are rostered to support them.

The paper has identified several themes:-

- Regular discussion between the ward managers and ADNS to examine staffing and the results of each paper.
- Close working with the HR department has resulted in bank payments being temporarily increased and a pre-Christmas payment arranged to support staffing.
- 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 and cancelling of bank staff, 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.

Appendix 1

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