

Board of Directors (Public)

Item

Subject: LHCH Monthly Staffing
Date of meeting: 29th July 2014
Prepared by: Lisa Salter, Assistant Director of Nursing (SACC)
 Carolyn Cowperthwaite, Assistant Director of Nursing (CACM)
Presented by: Sue Pemberton, Director of Nursing and Quality

**board
report**

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

1. Executive Summary/Background

From June 2014, NHS England has stipulated that all Trusts with inpatient beds are required to publish their staffing levels (planned versus actual) in hours on the NHS Choices website on a monthly basis. In addition, Trusts will be required to publish this data on their own website, on a ward by ward basis. This information will sit alongside a range of other indicators related to the Trust. Patients and members of the public will be able to see clearly how hospitals are performing on staffing in an easy and accessible way. The plan is that these figures will be rag rated although this has been delayed.

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.

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 June 2014 data based on the information included in this paper.

2. Staffing Report

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 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	95.3	4.7	Some authorised bank and agency has been cancelled this month due to small patient numbers and low level of patient acuity. On occasion HCAs have been appropriately moved to surgical wards. All shifts are assessed by the nurse in charge and concerns escalated. None have been raised for this period.
RN Night shifts	91.8	8.2	
HCA / AP Day shifts	79.5	20.5	
HCA / AP Night shifts	93.2	6.8	

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	98.5	1.5	Some last minute annual leave has been granted on occasions when patient numbers and acuity has been appropriate. Bank and agency HCA shifts have been used for 1:1 Specials. Staff have also been
RN Night shifts	100	0	
HCA / AP Day shifts	87.6	12.4	
HCA / AP Night shifts	100	0	

			<p>moved to work in other areas when required.</p> <p>Trained bank used to cover maternity leave gaps. Maternity leave cover recruited in to, awaiting starts.</p>
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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	123.3	+23.3	<p>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. On one shift the Ward Manager worked clinically to support care when an HCA was on leave. All shifts were reported as safe.</p>
RN Night shifts	100	0	
HCA / AP Day shifts	72.5	27.5	
HCA / AP Night shifts	93.4	6.6	

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	92.8	7.2	HCA's have been moved to support other areas when patient numbers and acuity/dependency has allowed. Some last minute annual leave was also granted when appropriate. The ward manager has worked a shift to cover sickness on an early. All shifts are reported as being safe.
RN Night shifts	90	10	
HCA / AP Day shifts	83.3	16.7	
HCA / AP Night shifts	53.3	46.7	

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	95.3	4.7	Some gaps in registered nurses due to vacancies. Extra HCA staff booked to support patients at risk of falls, confused patients
RN Night shifts	92.4	7.6	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	121.7	+21.7	

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	95.6	4.4	Extra staff used to support patient dependency. Several confused patients on the ward at risk of falls, several patients on telemetry requiring intervention.
RN Night shifts	105	+5	
HCA / AP Day shifts	105	+5	
HCA / AP Night shifts	146.6	+46.6	

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	120.6	+20.6	Extra staff have been required as some patients have required an extra days staff on the unit.
RN Night shifts	100	0	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	100	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	99.2	0.8	Extra staff have been utilised to support patients who are at risk of falls or have fallen.
RN Night shifts	100	0	
HCA / AP Day shifts	110.8	+10.8	
HCA / AP Night shifts	116.7	+16.7	

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	100	0	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.
RN Night shifts	100	0	
HCA / AP Day shifts	87.8	12.2	
HCA / AP Night shifts	100	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	103.7	+3.7	Supervisory staff are required on a shift by shift basis to support patient care. The use of ICAs skews the data here as they can care for a level 2 patient under supervision of a registered nurse, hence it insufficient staff are present. This information is scrutinised on a shift basis and staffing is appropriate and safe.
RN Night shifts	102.6	+2.6	
HCA / AP Day shifts	92.7	+15.8	
HCA / AP Night shifts	75.6	+13.4	

3. Conclusion

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:-

- Recruitment for several areas with support of HR Department.
- Extra staff has been recruited onto the bank and work is underway to complete this process.
- Further discussion between the ward managers and ADNS to examine staffing and the results of this 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. Recommendations

The Board of Directors are requested to:

- Accept this paper related to nurse staffing for in-patient wards, as per national directives, noting actions being taken to ensure patient safety and improve staffing further.
- Confirm 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 assurance that all necessary actions are taken to ensure safe staffing and quality of service provision across the trust.