

Board of Directors (in Public)

Item 5.2

**board
paper**

Subject: LHCH Monthly Staffing
Date of meeting: 24th June 2014
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Data Quality Rating	BAF Ref	Level of Assurance (Full / Incomplete/ Concerned / Immediate Action)
Bronze	2, 8, 9	Full

1.0 Introduction / 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 will be displayed on boards at the entrance of each ward and the boards are due to be installed week commencing 9th June 2014.

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 presented to workforce committee, was in May 2014 and will be presented to the Board of Directors on 24th June 2014. This information is in addition to the paper that was presented to the Board in April 2014, providing a review of the Trust's position in relation to the national expectations of NHS providers and commissioners set out by the National Quality Board (NQB) and Chief Nursing Officer of England publication of "How to ensure that right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability".

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 May 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 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	97.3	-2.7	Emergency leave was given to a Staff Nurse and the ward was safe due to reduced patients on the ward for that shift.
RN Night shifts	98.3	-1.7	The ADNS and Coordinator are informed if staffing is not at the planned level for a shift. An assessment is made and some shifts do not require bank/agency due to the activity, acuity and dependency of patients at that time.
HCA / AP Day shifts	86.8	-13.2	There has been a HCA vacancy which has caused some shifts to fall below the planned staffing. The Coordinator is informed and extra availability and support is given as required. The ward has been safe on each occasion.
HCA / AP Night shifts	96.9	-3.1	As above.

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	111.7	+11.7	The skill mix was above the registered nurses required due to non-availability of APS.
RN Night shifts	100	0	
HCA / AP Day shifts	91.3	-8.7	Sickness has resulted in a reduction in the ability to staff according to plan. The nursing staff support each other to ensure the shift is safe and any concerns are escalated to the ADNS.
HCA / AP Night shifts	98.3	-1.7	One shift for the month of May did not meet the planned staffing due to sickness. The coordinator was aware and was present to offer support during the early part of the shift and available during the night.

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	98.7	-1.3	Bank is sometimes not booked if acuity and dependency of patients does not require the support.
RN Night shifts	100	0	
HCA / AP Day shifts	83	-17	Bank shifts are sometimes booked

			and then cancelled as not required due to reduced number of patients on the ward.
HCA / AP Night shifts	93.5	-6.5	Depending on acuity and patient numbers it is possible that two RNs are enough on some shifts and bank will not be booked.

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	97.7	-2.3	Sickness and maternity leave have resulted in a reduction in staffing. Activity, acuity and dependency are variable and the ward manager or nurse in charge will assess whether bank/agency are required on a shift by shift basis. Any concerns would be escalated to the ADNS or GM for action.
RN Night shifts	94	-6	As above.
HCA / AP Day shifts	88.1	-11.9	As above.
HCA / AP Night shifts	83.7	-16.3	As above.

Cedar Ward

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	99.4	-0.6	Sickness of a nurse working a long day shift. A nurse moved

			from another area, where dependency was lower.
RN Night shifts	92.8	-7.2	Variance due to vacancy, awaiting recruitment. No bank available.
HCA / AP Day shifts	75.3	-24.7	Staff moved from days to accommodate patients requiring 1:1 specials during night shifts. On days, there are extra staff resources available, ANPS, medical staff, AHPs, etc.
HCA / AP Night shifts	138.1	+38.1	

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	96.3	-3.7	Variance due to vacancy, awaiting recruitment. On 2 occasions extra staff could not be obtained and a patient fell. On reviewing the RCA, it was identified that staffing was not the causative factor.
RN Night shifts	100	0	
HCA / AP Day shifts	111.8	+11.8	The ward manages patients who have had a stroke, require telemetry, have tracheostomies, are post cardiac surgery and may also be confused. The layout of the ward makes it difficult for the nurses to be everywhere and where there is increased dependency, bank and agency staff are booked to ensure that patient safety is maintained.
HCA / AP Night shifts	196.9	+96.9	

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	
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	103	+3	The new Ward Manager has been shadowing some band 5 staff to enable them to take charge with support and guidance. Extra RN requested on 2 nights to support higher patient dependency. On several occasions the ward has been required to use extra staff to support patients at risk of falls and those that are confused, following risk assessments and discussion with senior staff.
RN Night shifts	104.8	+4.8	
HCA / AP Day shifts	113.7	+13.7	
HCA / AP Night shifts	114.5	+14.5	

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	122.6	+22.6	This ward generally having less complex patients than others utilises Assistant Practitioners to take a team of patients under the supervision of a registered nurse. Where only 1 RN works an early or a night shift, an AP supports them, which is accepted as good practice. In this report, the AP is classed as an unregistered nurse which does create skewed data, however the ward is appropriately safe staffed. The ward is expected to be open Sunday to Friday however on some weeks, the ward is kept open to support patient flow and extra staff are utilised.
RN Night shifts	147.9	+47.9	
HCA / AP Day shifts	67.7	-32.3	
HCA / AP Night shifts	52.1	-48.9	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100.5	+0.5	Variance due to vacancies, awaiting recruitment following advertisements/interviews. The Board of Directors have confirmed recruitment of extra staffing at bands 7, 6, 5 and 2 into this area. Recruitment is being supported by HR Dept.
RN Night shifts	90.1	-9.9	
HCA / AP Day shifts	99.1	-0.9	
HCA / AP Night shifts	93.3	-6.7	

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:-

- Recruitment for several areas with support of HR Department.
- The use of bank staff is being piloted in SICU to enable a cheaper and more effective approach to additional staff provision and this approach will be extended across the Trust.
- Further discussion between the ward managers and ADNS to examine staffing and the results of this paper.
- A review of the bank to ensure availability of staff when the wards require it.
- 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:

- Accept this first 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

Appendix 1

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