

Board Meeting

Subject: LHCH Monthly Staffing
Date of meeting: 12th November 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 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. This month detailed papers have been completed specifically to Cath Labs, Coronary Care Unit, Theatres, Cedar and Oak ward outlining suggested staffing resources. Further work has been requested by the Board to look at the request for increases in staffing in line with activity plans and business development. This will be presented to the Board in January 2015.

2.0 Staffing Report

The information below demonstrates the staffing information per ward and details planned staffing versus actual staffing, 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. 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 in place to ensure that safe quality care is delivered to patients and their families.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY for October 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	96%	-4 %	There has been a HCA on annual leave and some sickness which is why non registered day staff has been lower than planned on nights. The ward has been covered safely and staff have flexed to ensure the right cover is given to meet the acuity and activity of patients. All shifts have been deemed safe.
RN Night shifts	98%	-2%	
HCA / AP Day shifts	87%	-13%	
HCA / AP Night shifts	94%	-6%	

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	95%	-5%	The Ward Manager has been on sick leave which has reduced staffing for the month. Some shifts have had less activity. Staggered admissions have also assisted the staff to give quality care. All shifts have been deemed safe.
RN Night shifts	100%	0	
HCA / AP Day shifts	69%	-31%	
HCA / AP Night shifts	93%	-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	100.7%	+0.7%	There is a housekeeper vacancy at present and the HCA has been allocated to undertake this role on several shifts which is why there is a variance for the HCA. All shifts were reported as safe.
RN Night shifts	100%	0	
HCA / AP Day shifts	85.9%	-14.1%	
HCA / AP Night shifts	100%	0	

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	86.9%	13.1%	Where occupancy has required, the nurse in charge has also been on telemetry. A staffing review has taken place and a business case has been prepared requesting additional staffing which has been presented at Operational Board. This will now be discussed further at C+CM Governance Committee. All shifts are reported as being safe.
RN Night shifts	87.1%	12.9%	
HCA / AP Day shifts	92.3%	7.7%	
HCA / AP Night shifts	93.3%	6.7%	

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	85.3	-14.7	<p>The ward has utilised Assistant Practitioners within this off duty to support differences in registered nurses. The APs are able to take 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. New staff have commenced employment on the ward and have had a supernumerary status and are now part of the ward team numbers. A business case has been presented to Operational Board requesting extra staff and further discussions are to take place at the next SACC Governance Committee. All shifts are reported to be safe with the extra staff provision, provided through bank, agency and staff from SACC and C+CM Directorates.</p>
RN Night shifts	102.2	+2.2	
HCA / AP Day shifts	152.3	+52.3	
HCA / AP Night shifts	140.3	+40.3	

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	89.7	-10.3	The ward has experienced a number of patients this month who have had confusion, have been at risk of falls and some requiring end of life care. This has resulted in some staff being required extra on the night shift in particular to support patient safety. On one shift, there was no coordinator on the late shift due to sickness, which resulted in extra pressure on the staff, although no harm came to patients. There are a number of shifts where dependency is high, hence extra staff have been obtained. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	114.5	+14.5	
HCA / AP Night shifts	145.2	+45.2	

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	98.1	-1.9	Bank and agency staff have been utilised to support vacancies, some short-term sickness and increased patient acuity, caused by confusion. A business case has been presented to Operational Board requesting additional staff for the ward. This will be discussed further at the next SACC Governance Committee. Staffing has been deemed as safe for each shift.
RN Night shifts	100	0	
HCA / AP Day shifts	144.4	+44.4	
HCA / AP Night shifts	133.9	+33.9	

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 sent to support other surgical areas on 6 occasions where it was deemed safe to do so. The use of Assistant Practitioners (within the HCA numbers) can take a group of patients with support on both early and late shifts. 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	97.9	-2.1	There are some vacancies in the HCA staff which have been appointed to and staff have just commenced in post, which will be seen in next month's data collated. Other staff not counted in the numbers have supported this gap ensuring that patient care is safe and appropriate. This information is scrutinised on a shift basis and staffing assessed as appropriate for patient care. Staffing has been deemed as safe for each shift.
RN Night shifts	96.9	-3.1	
HCA / AP Day shifts	69	-31	
HCA / AP Night shifts	63.9	-36.1	

3.0 Summary

In summary, the wards are safe and staffing 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.
- Further work is being undertaken relating to the Coronary Care Unit, Cath labs, Theatres, Cedar ward and Oak ward against activity and business development, which will then be presented to the Board.

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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