Liverpool Heart and Chest Hospital **NHS**

NHS Foundation Trust

Board Meeting

Subject: LHCH Monthly Staffing

Date of meeting: 15th October 2014

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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 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 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 September 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	Variance to planned	Comments/Actions
	planned staffing %	staffing %	
RN Day shifts	90.8%	-9.2%	There has been an
RN Night shifts	98.4%	-1.6%	AP on annual leave
HCA / AP Day shifts	58.7%	-41.3	and an HCA
HCA / AP Night shifts	90%	-10%	vacancy/sickness which is why non registered day staff has been lower than planned. 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.

Birch Ward:

Staff requirements on each shift:

Start requirements on each erint:				
	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	97.1%	-2.9%	The Ward Manager has worked clinical
RN Night shifts	98.4%	-1.6%	shifts to support
HCA / AP Day shifts	66%	-44%	staffing. Some shifts
HCA / AP Night shifts	96.8%	-3.2%	have had less activity. All shifts have been deemed safe by the Ward Manager and ADNS.

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%	Some early shifts
RN Night shifts	100%	0	have three RNs
HCA / AP Day shifts	85.9%	-14.1%	instead of the planned
HCA / AP Night shifts	100%	0	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.

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
RN Night shifts	87.1%	12.9%	required, the Nurse in
HCA / AP Day shifts	92.3%	7.7%	Charge has also been
HCA / AP Night shifts	93.3%	6.7%	on telemetry. All shifts are reported as being safe. A staffing review has taken place, a business case has been prepared requesting additional staffing and the ADNS is awaiting a decision by the Executive Board.

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

	-	Variance to planned staffing %	Comments/Actions
RN Day shifts	92.8	-7.2	There were 10 early

RN Night shifts	94.4	-5.6	shifts and 8 late shifts
HCA / AP Day shifts	130.7	+30.7	where staffing
HCA / AP Night	111.7	+11.7	reduced to 4RNs due
shifts			to some gaps in
			registered nurse
			vacancies. Bank and
			agency staff were
			utilised during this
			time and staff moved
			from other areas,
			where appropriate.
			Extra HCA/AP staff
			booked to support
			patient care. A
			business case has
			been prepared for the
			Executive Board
			requesting additional
			staff for the ward. All
			shifts are reported to
			be safe.

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	Variance to planned	Comments/Actions
	planned staffing %	staffing %	
RN Day shifts	87.7	-12.3	Extra HCA staff used
RN Night shifts	96.8	-3.2	to support patient
HCA / AP Day shifts	108.6	+8.6	dependency, due to
HCA / AP Night shifts	145.2	+45.2	patients with a stroke, confusion, minitracheostomy and risk of falls. There are 10 shifts where it is identified that patient dependency was very high which resulted in a slight delay in buzzers being answered. All shifts however are reported as safe.

HDU Staff requirements on each shift:

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

	•	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	All shifts are reported

RN Night shifts	100	0	as safe.
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	99.6	-0.4	Extra staff have been
RN Night shifts	100	0	utilised to support a
HCA / AP Day shifts	120	+20	patient who has
HCA / AP Night shifts	135	+35	increased needs due to confusion and acuity. A business case has been prepared for the Executive Board requesting additional staff for the ward. Staffing has been deemed as safe for each shift.

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	81.8	-18.2	Some staff sickness
RN Night shifts	63.6	-36.4	on the ward which is
HCA / AP Day shifts	125	+25	being managed
HCA / AP Night shifts	90.9	-9.1	appropriately. HCA sent to support other surgical areas on a 3 occasions when patient dependency was safe to support this. Occupancy not as high as previous months. 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.

SICUStaff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100.7	+0.7	There are some
RN Night shifts	98.8	-1.9	vacancies in the HCA
HCA / AP Day shifts	64	-36	staff which have been
HCA / AP Night shifts	70.7	-29.3	appointed to and staff are due to start this month. 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 appropriate for patient care. Staffing has been deemed as safe for each shift.

Cath Lab:

Cath Lab staffing is not reported routinely in this paper in line with national directive; however staffing has been compromised in the area recently due to sickness. Training and development of staff has been limited to ensure patient care and safety has been maintained during this period. The ADNS and Managers of Cath Lab have reviewed staffing and a paper has been written requesting additional staff. A plan has been developed to ensure all staff are able to complete mandatory training, PDRs and attend appropriate educational sessions.

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.
- Business cases awaiting discussion and approval by the Executive Team.

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

Ward name	Main 2 Specialties on each ward		Registered Care Staff		Staff	Registered midwives/nurses		Care Staff		Average fill		Average fill		
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	rate - registered nurses/midwiv es (%)	Average fill rate - care v staff (%)	rate - registered nurses/midwiv es (%)	Average fill rate - care staff (%)						
AMANDA UNIT	320 - CARDIOLOGY	340 - RESPIRATORY	975	885	780	458	562	553	281	252.9	90.8%	58.7%	98.4%	90.0%
BIRCH WARD (WARD A)	320 - CARDIOLOGY	320 - CARDIOLOGY	3420	3321	2010	1327	1125	1107	562	544	97.1%	66.0%	98.4%	96.8%
CEDAR WARD (WARD C)	170 - CARDIOTHORACIC SURGERY	100 - GENERAL SURGERY	2415	2242	1125	1470	843.75	796.87	562.5	628.12	92.8%	130.7%	94.4%	111.7%
CORONARY CARE UNIT	320 - CARDIOLOGY	320 - CARDIOLOGY	3150	2737	675	623	2100	1830	300	280	86.9%	92.3%	87.1%	93.3%
CRITICAL CARE AREA	170 - CARDIOTHORACIC SURGERY	170 - CARDIOTHORACIC SURGERY	11130	11212.5	2250	1440	8135.87	8034.51	1600.5	1131.02	100.7%	64.0%	98.8%	70.7%
ELM WARD (WARD E)	170 - CARDIOTHORACIC SURGERY	170 - CARDIOTHORACIC SURGERY	2257	1980	1395	1515	871.87	843.75	290.6	421.87	87.7%	108.6%	96.8%	145.2%
HQ - RBQHQ														
OAK WARD (WARD G)	170 - CARDIOTHORACIC SURGERY	170 - CARDIOTHORACIC SURGERY	1965	1957.5	900	1080	562.5	562.5	562.5	759.37	99.6%	120.0%	100.0%	135.0%
SURGICAL ADMISSIONS U	170 - CARDIOTHORACIC SURGERY	170 - CARDIOTHORACIC SURGERY	660	540	330	412.5	412.5	262.5	165	150	81.8%	125.0%	63.6%	90.9%
THORACIC "HDU"	170 - CARDIOTHORACIC SURGERY	100 - GENERAL SURGERY	652.5	652.5	0	0	384.37	384.37	0	0	100.0%	#DIV/0!	100.0%	#DIV/0!
MAPLE SUITE (AL1)	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	1065	1072	900	773	562	562	281	281	100.7%	85.9%	100.0%	100.0%