

Board report

Subject: LHCH Monthly Staffing for Reporting Period April 2015
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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 an individual ward basis. This information sits alongside a range of other indicators related to staffing within the Trust e.g. date of last fall/ pressure ulcer etc.

It is also a requirement of NHS England for Trusts to present staffing information on a monthly basis to the Board of Directors to ensure they are appraised of staffing within the organisation in line with national directives; LHCH highlights 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 for each shift.

At LHCH, information relating to staffing establishments, patient safety issues, occupancy etc., has been presented 6-monthly for the last 4 years, undergoing scrutiny by the Heads of Nursing and Quality, at divisional governance committees and workforce committee.

2.0 Staffing Report

The information 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 was reported to the Board in January 2015. 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. Any risks are managed and escalated to the Heads of Nursing.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for April 2015 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	2RN1AP 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	94%	-6%	Acuity and the occupancy is monitored on a shift by shift basis. The Ward Manager has worked several shifts to cover sickness and all shifts have been safe.
RN Night shifts	97%	-3%	
HCA / AP Day shifts	93%	-7%	
HCA / AP Night shifts	90%	-10%	

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	91%	-9%	There has been some requirement for patients to be specialised which has seen a slight increase in use of HCAs on the night shift. Where required the Ward Manager has worked on shifts to cover sickness. All shifts have been safe.
RN Night shifts	100%	0%	
HCA / AP Day shifts	90%	-10%	
HCA / AP Night shifts	107%	+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	110%	+10%	The variance shown is due to AP/RN cover for shifts. Dependency has been low at times which has meant the impact of reduced HCA cover has not been realised. All shifts were reported as safe.
RN Night shifts	100%	0%	
HCA / AP Day shifts	74%	-26%	
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	91%	-9%	Where occupancy and acuity has allowed, the Nurse in Charge has also worked on telemetry. Vacancies have gone to advert to recruit registered and non-registered staff. In the interim bank and agency staff have been utilised where appropriate. Some of the variance in the registered and non-registered staff is as a result of the use of an Assistant Practitioner in the area. All shifts are reported as being safe.
RN Night shifts	92%	-8%	
HCA / AP Day shifts	118%	+18%	
HCA / AP Night shifts	73%	-27%	

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	87.3	-12.7	The ward has utilised Assistant Practitioners within this off duty to support the variance for 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 due to vacancies and sickness. Acuity has been high on the ward and this is noted within the Directorate.
RN Night shifts	105.6	+5.6	
HCA / AP Day shifts	127.3	+27.3	
HCA / AP Night shifts	155	+55	

			All shifts are reported to be safe with the extra staff provision.
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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	97.6	-2.4	Acuity has been high on the ward with patients confused with dementia, following strokes and requiring mini-tracheostomy management hence extra HCA shifts have been covered. Some of this difference is also due to the use of Assistant Practitioners. All shifts are reported as safe.
RN Night shifts	92.2	-7.8	
HCA / AP Day shifts	102.2	+2.2	
HCA / AP Night shifts	133.3	+33.3	

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	97.3	-2.7	Bank and agency staff have been utilised to support increased patient acuity caused by confusion and to cover some staff sickness. Staffing has been deemed as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	138.3	+38.3	
HCA / AP Night shifts	111.7	+11.7	

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 have been sent to support other surgical areas on several occasions where it was deemed safe to do so and the Manager used within the SAU staffing numbers. 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	97.3	-2.7	This information is scrutinised on a shift basis and staffing appropriate for patient care. Staffing has been deemed as safe for each shift.
RN Night shifts	110.5	+10.5	
HCA / AP Day shifts	107	+7	
HCA / AP Night shifts	100	0	

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. Further discussions are also held at the daily safety huddle in the CEO office daily at 9.30am. 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 and cancelling of bank staff, etc.
- Corporate approach to nursing recruitment is resulting in higher recruitment numbers to support ward staff and releasing time to care.

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 – April 2015

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