

Board of Directors (Public)

Item

Board report

Subject: LHCH Monthly Staffing for Reporting Period August 2015
Prepared by: Lisa Salter, Divisional Head of Nursing and Quality for Surgery
 Carolyn Cowperthwaite, Divisional Head of Nursing and Quality for Medicine
 Steven Colfar, Divisional Head of Nursing & Quality for Clinical Services
Presented by: Sue Pemberton, Director of Nursing and Quality

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

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. A report has been presented in July 2015 to the Quality Committee and Divisional Governance Committees by the Heads of Nursing.

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. 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 and discussed at the safety huddle with the Chief Executive.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for August 2015 data based on the information included in this paper.

Amanda Unit/ Cherry Ward (as from Wednesday 26th August 2015)

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	94.9%	-5.1%	Patients who have Cystic Fibrosis(CF) transferred their care from the Amanda Unit to Maple Suite on the 26 th August. This was a planned transfer due to the decrease in the number of patients who are positive for Pseudomonas Aeruginosa (PA) infection. The Amanda Unit staff moved to work on the newly built Cherry Ward and now treat and care for patients who are negative for the PA infection who were previously nursed on Maple Suite. The CF MDT have supported the transition of care for patients. Sickness has had an impact this month on the ward and staffing has been monitored on a shift by shift basis. The Ward Manager has worked several shifts to cover sickness and leave and nursing staff from Maple have supported Cherry ward when required. All shifts have been safe.
RN Night shifts	98.5%	-1.5%	
HCA / AP Day shifts	85.6%	-14.4%	
HCA / AP Night shifts	90.3%	-9.7%	

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	84.6%	-15.4%	Where required the Ward Manager has worked shifts to cover sickness. Staff have been moved where occupancy and acuity have allowed to support other areas and the ward has had support from other wards on occasions. All shifts have been safe.
RN Night shifts	96%	-4%	
HCA / AP Day shifts	87.9%	-12.1%	
HCA / AP Night shifts	96.7%	-3.3%	

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%	The ward manager has worked clinically to support the ward as there are vacancies at present. Vacancies have been recruited into and nurses are waiting to commence post. A newly appointed Ward Sister has now commenced post. All shifts reported as safe.
RN Night shifts	100%	0%	
HCA / AP Day shifts	100%	0%	
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	90.2%	-9.8%	Where required and when occupancy and acuity has allowed, the Nurse in Charge has also monitored the telemetry system. Vacancies are now recruited to, although
RN Night shifts	93.8%	-6.2%	
HCA / AP Day shifts	72.3%	-27.7%	
HCA / AP Night shifts	100%	0%	

			the HCA's commence post in September. In the interim, bank and agency staff have been utilised where appropriate. All shifts are reported as being safe.
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Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Fri	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA
Sat –Sun	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	74.6	-25.4	The gaps in staffing are due to vacancies. Assistant practitioners have been utilised where appropriate and the Ward Manager has worked in the numbers where required. Occupancy has also been reduced. There has been 1 shift where there were 3 RNs to 29 patients which does not comply with a maximum of 1 nurse to 8 patients. However there was a band 4 assistant practitioner on that shift who nursed a group of 8 patients which was supervised by a registered practitioner. In addition there were 5HCAs on the shift. All shifts are reported to be safe.
RN Night shifts	85.5	-14.5	
HCA / AP Day shifts	118.3	+18.3	
HCA / AP Night shifts	95.7	-4.3	

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	94.7	-5.3	There has been an increased need to use extra staff to support patients who have a DOLS plan in place, particularly at night to ensure their safety and wellbeing. All other shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	101.1	+1.1	
HCA / AP Night shifts	161.3	+61.3	

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	N/A	N/A	

Oak Ward

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	94.1	-5.9	There are gaps in the RN staffing due to a vacancy and staff not yet commenced in post. Staff have been moved appropriately to Oak ward to ensure safe staffing Staffing has been deemed as safe.
RN Night shifts	82.8	-17.2	
HCA / AP Day shifts	118.1	+18.1	
HCA / AP Night shifts	116.1	+16.1	

Surgical Admissions Unit

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Thursday	2 RN and 1 HCA	2 RN and 1 HCA	1 RN 1 AP / 2RN
Friday	2 RN and 1 HCA	CLOSED	CLOSED
Saturday	CLOSED	CLOSED	CLOSED
Sunday	CLOSED	2RN and 2 HCA	1 RN 1 AP / 2RN

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	0	0	The ward was closed in August due to low occupancy levels across the surgical wards.
RN Night shifts	0	0	
HCA / AP Day shifts	0	0	
HCA / AP Night shifts	0	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	97.2	-2.8	This information is scrutinised on a shift basis and staffing appropriate for patient care. Staffing has
RN Night shifts	96.3	-3.7	
HCA / AP Day shifts	92.9	-7.1	
HCA / AP Night shifts	99.4	-0.6	

			reflected the levels of care required within POCCU / ITU. Staffing has been deemed as safe for each shift.
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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 daily discussions between the ward managers and Heads of Nursing 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.
- On-going corporate approach to nursing recruitment is in place.
- A review of recruitment processes is currently underway by the HR Department.

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.
- Receive the 6-monthly staffing assurance report in January 2016.

Appendix 1 – August 2015

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