Liverpool Heart and Chest Hospital **NHS**

NHS Foundation Trust

Board Meeting

Subject: LHCH Monthly Staffing Date of meeting: 18th February 2015

Prepared by: Lisa Salter, Assistant Director of Nursing (SACC)

Carolyn Cowperthwaite, Assistant Director of Nursing (CACM)

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 27th January 2015.

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. 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.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for January 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 | 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 | 82% | -18% | The ward was closed |
| RN Night shifts | 100% | 0% | for the first four days |
| HCA / AP Day shifts | 86% | -14% | of the year due to |
| HCA / AP Night shifts | 100% | 0% | reduced activity over the Christmas period. This is reflected in the variance for staffing. All shifts have been safe. |

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 | 96% | -1% | There has been some sickness for HCA's. |
| RN Night shifts | 99% | -1% | This has been |
| HCA / AP Day shifts | 90% | -10% | managed on a shift by |
| HCA / AP Night shifts | 99% | -1% | shift basis and registered staff have utilised different work patterns to ensure patients receive appropriate care. The ward manager is currently out of the numbers to manage a project and this is reflected in the RN compliance. All shifts have been safe. |

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 | 113% | +13% | The variance shown is |
| RN Night shifts | 100% | 0 | due to AP/RN cover |
| HCA / AP Day shifts | 85% | -15% | for shifts. All shifts |
| HCA/ AP Night shifts | 100% | 0 | 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 | 96% | -4% | Where occupancy and |
| RN Night shifts | 95% | -5% | acuity has required, |
| HCA / AP Day shifts | 97% | -3% | the Nurse in Charge |
| HCA / AP Night shifts | 87% | -13% | has also covered telemetry. Bank and agency staff have been utilised where appropriate. A staffing review has been undertaken and a report has been submitted and is awaiting further discussion within the Directorate. All shifts are reported as being safe. |

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 | Variance to planned | Comments/Actions |
|---------------------|--------------------|---------------------|-------------------------|
| | planned staffing % | staffing % | |
| RN Day shifts | 83.4 | -16.6 | The ward has utilised |
| RN Night shifts | 122.3 | +22.3 | Assistant Practitioners |
| HCA / AP Day shifts | 127.1 | +27.1 | within this off duty to |
| HCA / AP Night | 121.0 | +21.1 | support differences in |
| shifts | | | 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. Acuity | |
| | | has been high on the | |
| | | ward and this is noted | |
| | | within the Directorate. | |
| | | All shifts are reported | |
| | | to be safe with the | |
| | | extra staff provision. | |

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 |

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 |
| 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 | 98.9 | -1.1 | Bank and agency staff |
| RN Night shifts | 103.2 | +3.2 | have been utilised to |
| HCA / AP Day shifts | 141.9 | +41.9 | support increased |
| HCA / AP Night shifts | 132.3 | +32.3 | patient acuity. Staffing in this area is currently under review. Staffing has been deemed as safe. |

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 | | |
| RN Night shifts | 100 | 0 | sent to support other | | |
| HCA / AP Day shifts | 100 | surgical areas on | | | |
| HCA / AP Night shifts | 100 | 0 | several occasions where it was deemed safe to do so and the Manager has worked within the SAU staffing numbers. 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. | | |

SICU Staff requirements on each shift:

| | Compliance % | Variance % | Comments/Actions |
|-----------------------|--------------|------------|---|
| RN Day shifts | 101.4 | +1.4 | Some vacancies remain |
| RN Night shifts | 106.2 | +6.2 | for HCA staff which are |
| HCA / AP Day shifts | 77.4 | -22.6 | currently out to advert. |
| HCA / AP Night shifts | 82.6 | -17.4 | 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. |
|--|--|
|--|--|

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 commenced.

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.

| | Main 2 Specialt | ties on each ward | | stered es/nurses | Care | Staff | Regis midwive | | Care | Staff | Average fill | | Average fill | |
|-----------------------|---------------------------------|---------------------------------|--|---|--|---|--|---|--|---|---|--|---|--|
| Ward name | Specialty 1 | Specialty 2 | Total monthly planned staff hours | Total monthly actual staff hours | rate - registered nurses/midwiv es (%) | Average fill rate - care 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% |
| | 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% |