Liverpool Heart and Chest Hospital **NHS**

NHS Foundation Trust

Board of Directors (Public)

Board report

Subject: LHCH Monthly Staffing for Reporting Period June 2015

Date: 28 July 2015

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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 and Quality, at divisional governance committees and workforce committee. The next 6-monthly report is to be presented in July 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. 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 / NHS Choices for June 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	92.3%	-7.7%	Sickness has had an
RN Night shifts	98.3%	-1.7%	impact this month on
HCA / AP Day shifts	77.9%	-22.1%	the ward and staffing
HCA / AP Night shifts	83.3%	-16.7%	has been monitored on a shift by shift basis. The Ward Manager has worked several shifts to cover sickness and leave and 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		Comments/ Actions
	planned staffing %	staffing %	
RN Day shifts	95.6%	-4.4%	Where required the
_			Ward Manager has
RN Night shifts	99.1%	-0.9%	worked on shifts to
HCA / AP Day shifts	96%	-4%	cover sickness.
HCA / AP Night	95%	-5%	Occupancy for some
shifts			shifts has been low
			which has been taken
			into account for
			unfilled shifts. 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	Variance to	Comments/Actions
	planned staffing %	planned staffing %	
RN Day shifts	94.6%	-5.4%	The ward manager has
RN Night shifts	98.3%	-1.7%	worked clinically to
HCA / AP Day shifts	77.9%	-22.1%	support the ward as
HCA/ AP Night shifts	83.3%	-16.7%	there are vacancies at
			present. Vacancies

	have been recruited
	into and nurses are
	waiting to commence
	post. Managers meet at
	a staffing huddle daily
	to ensure all shifts are
	covered where
	possible. Acuity is
	measured where there
	has been a variation in
	planned and actual
	staffing. Agency has
	been block booked to
	proactively manage
	vacancies. It is
	envisaged that there
	will be an improvement
	in September. All shifts
	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	91%	-9%	Where occupancy and
RN Night shifts	93%	-7%	acuity has allowed, the
HCA / AP Day shifts	100%	0	Nurse in Charge has
HCA / AP Night shifts	97%	-3%	also worked on telemetry. Vacancies are now recruited to including the new recently invested posts agreed by the Executive team. In the interim, bank and agency staff have been utilised where appropriate. All shifts are reported as being safe.

Cedar Ward

Staff requirements on each shift:

Day	Early	Late	Night
Mon - Fri	7RN and 3HCA	5RN and 3HCA	5RN and 3HCA
Sat –Sun	6RN and 3HCA	5RN and 3HCA	5RN and 3HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	82.7	-17.3	There has been a
RN Night shifts	84.2	-15.8	financial investment in
HCA / AP Day shifts	134.4	+34.4	Cedar ward. The gaps in
HCA / AP Night	86.7	-13.3	staffing are due to the

shifts		vacancies not meeting
		this new establishment.
		There are 4.5wte
		vacancies, and some
		staff are due to
		commence post this next
		month. 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 planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	98.6	-1.4	Acuity has been high
RN Night shifts	98.9	-1.1	on the ward with
HCA / AP Day shifts	110.6	+10.6	patients confused,
HCA / AP Night shifts	213.3	+113.3	particularly at night. Whilst this extra percentage of HCAs appears high of a night shift, this equates to 1-2 HCAs extra per night. All other shifts 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

	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	100	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	96.2	-3.8	There has been a
RN Night shifts	66.7	-33.3	financial investment in
HCA / AP Day shifts	131.3	+31.3	Oak ward. The gaps
HCA / AP Night	150	+50	in staffing are due to
shifts			the vacancies not

	meeting this new			
	establishment. All			
	vacancies have been			
	appointed to however			
	some staff have not			
	yet commenced in			
	post. Whilst the			
	compliance for RN			
	night shifts is low,			
	against the old			
	staffing requirement			
	compliance for RN night shifts is low, against the old staffing requirement (prior to investment), the ward would be rated as 100% compliant. Bank and agency staff have			
	some staff have not yet commenced in post. Whilst the compliance for RN night shifts is low, against the old staffing requirement (prior to investment), the ward would be rated as 100% compliant. Bank and agency staff have been utilised to support increased patient acuity caused			
	yet commenced in post. Whilst the compliance for RN night shifts is low, against the old staffing requirement (prior to investment), the ward would be rated as 100% compliant. Bank and agency staff have been utilised to support increased			
	compliant. Bank and			
	the ward would be rated as 100% compliant. Bank and agency staff have			
	been utilised to			
	support increased			
	by confusion. Staffing			
	has been deemed as			
	safe.			

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	100	0	Staffing has been
RN Night shifts	100	0	deemed as safe for
HCA / AP Day shifts	100	0	each shift.
HCA / AP Night shifts	100	0	

SICU Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	96.8	-3.2	This information is
RN Night shifts	97.2	scrutinised on a shift	
HCA / AP Day shifts	118.1	+18.1	basis and staffing
HCA / AP Night shifts	132.5	+32.5	appropriate for patient care. Extra HCAs / ICAs have been utilised when there has been an increased dependency in patients 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 is resulting in higher recruitment numbers to support ward staff and releasing time to care.
- 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 July 2015.

Appendix 1 – June 2015

				D	ay			Ni	ght		Da	ay	Niç	ght
	Main 2 Specialt	ties on each ward		istered es/nurses	Care	Staff	Regis midwive	stered s/nurses	Care	Staff	Average fill		Average fill	
Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly f actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	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	900	780	608	562.5	553	281	234	92.3%	77.9%	98.3%	83.3%
BIRCH WARD (WARD A)	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3420	3270	1680	1612	1125	1115	562	534	95.6%	96.0%	99.1%	95.0%
CEDAR WARD (WARD C)	170 - CARDIOTHORACIC SURGERY	100 - GENERAL SURGERY	2640	2182.5	1350	1815	1125	946.87	843.75	731.25	82.7%	134.4%	84.2%	86.7%
CORONARY CARE UNIT	320 - CARDIOLOGY		3120	2805	615	615	2100	1930	300	280	89.9%	100.0%	91.9%	93.3%
CRITICAL CARE AREA	170 - CARDIOTHORACIC SURGERY		12798.75	12390	2025	2392.5	9272.23	9016.15	1280.4	1696.53	96.8%	118.1%	97.2%	132.5%
ELM WARD (WARD E)	170 - CARDIOTHORACIC SURGERY		2190	2160	1350	1492.5	843.75	834.37	281.25	600	98.6%	110.6%	98.9%	213.3%
OAK WARD (WARD G)	170 - CARDIOTHORACIC SURGERY		1965	1890	1125	1477.5	843.75	562.5	562.5	843.75	96.2%	131.3%	66.7%	150.0%
SURGICAL ADMISSIONS U	170 - CARDIOTHORACIC SURGERY		555	555	270	270	243.75	243.75	112.5	112.5	100.0%	100.0%	100.0%	100.0%
THORACIC "HDU"	170 - CARDIOTHORACIC SURGERY		615	615	45	45	403.12	403.12	0	0	100.0%	100.0%	100.0%	#DIV/0!
MAPLE SUITE (AL1)	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	975	922	900	900	562.5	553	281	281	94.6%	100.0%	98.3%	100.0%