

## Board report

**Subject:** LHCH Monthly Staffing  
**Date of meeting:** 28<sup>th</sup> April 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 staffing within the Trust.

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 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.

### 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.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for March 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)

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	3RN(2 shifts) 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1HCA	2RN 1HCA	2RN 1HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	98%	-2%	Acuity and the occupancy is monitored on a shift by shift basis and all shifts have been safe.
<b>RN Night shifts</b>	95%	-5%	
<b>HCA / AP Day shifts</b>	94%	-6%	
<b>HCA / AP Night shifts</b>	90%	-10%	

## Birch Ward:

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	9RN 1AP 4HCA	7RN 1AP 3HCA	4RN 2HCA
<b>Saturday /Sunday</b>	7RN 3HCA	6RN 3HCA	4RN 2HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/ Actions</b>
<b>RN Day shifts</b>	97%	-3%	There has been some requirement for patients to be specialised which has seen a slight increase in the use of HCAs on the night shift. Where there has been a reduction in staffing, this has been managed on a shift by shift basis and registered staff have utilised different work processes to ensure patients receive appropriate care. All shifts have been safe.
<b>RN Night shifts</b>	100%	0%	
<b>HCA / AP Day shifts</b>	95%	-5%	
<b>HCA / AP Night shifts</b>	105%	+5%	

## Maple Suite

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	3RN 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	111%	+11%	The variance shown is due to AP/RN cover for shifts. All shifts were reported as safe.
<b>RN Night shifts</b>	100%	0%	
<b>HCA / AP Day shifts</b>	81%	-19%	
<b>HCA/ AP Night shifts</b>	100%	0%	

**Coronary Care Unit**

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	7RN 1AP 1HCA	7RN 1HCA	7RN 1HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	95.4%	-4.6%	Where occupancy and acuity has allowed, the Nurse in Charge has also worked on telemetry. Vacancies have gone to advert and some new registered and non-registered staff are to be employed. In the interim bank and agency staff have been utilised where appropriate. All shifts are reported as being safe.
<b>RN Night shifts</b>	91.3%	-8.7%	
<b>HCA / AP Day shifts</b>	85.6%	-14.4%	
<b>HCA / AP Night shifts</b>	89.3%	-10.7%	

**Cedar Ward**

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	5RN and 3HCA	5RN and 2HCA	3RN and 2HCA
<b>Saturday</b>	5RN and 3HCA	4RN and 2HCA	3RN and 2HCA
<b>Sunday</b>	5RN and 3HCA	4RN and 2HCA	3RN and 2HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	82.5%	-17.5%	The ward has utilised Assistant Practitioners within this off duty to support differences in Registered Nurses. Bank and agency staff were utilised during this time due to short-term sickness and patients requiring 1:1 care. All shifts are reported to be safe.
<b>RN Night shifts</b>	103.2%	+3.2%	
<b>HCA / AP Day shifts</b>	107.1%	+7.1%	
<b>HCA / AP Night shifts</b>	166.1%	+66.1%	

## Elm Ward

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	5 RN and 3 HCA	4 RN and 3 HCA	3 RN and 1 HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	96%	-4%	On one occasion, staff were moved from this ward to support another area. This was escalated to the Hospital Coordinator however no harm came to patients. This does however add extra pressure on the nursing staff when coordinating care for patients. Dependency on the ward has been high with patients at risk of falls, hence extra support required from HCAs at night. There are some differences in staffing also due to the use of Assistant Practitioners. All shifts are reported as safe.
<b>RN Night shifts</b>	95.7%	-4.3%	
<b>HCA / AP Day shifts</b>	104.8%	+4.8%	
<b>HCA / AP Night shifts</b>	119.3%	+19.3%	

## HDU

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	2	2	2
<b>Saturday - Sunday</b>	2	2	2

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	100	0	All shifts are reported as safe.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	0	0	
<b>HCA / AP Night shifts</b>	0	0	

## Oak Ward

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	4 RN and 2 HCA	4 RN and 2 HCA	2 RN and 2 HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	97%	-3%	Staff have been utilised from other areas to support increased patient acuity, caused by patient confusion. Staffing has been deemed as safe.
<b>RN Night shifts</b>	100%	0	
<b>HCA / AP Day shifts</b>	124.2%	+24.2%	
<b>HCA / AP Night shifts</b>	108%	+8%	

## Surgical Admissions Unit

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	100%	0	The Ward Manager used within the SAU staffing numbers on occasions to cover short-term sickness. On one occasion, there was a deficit of 1RN on a night shift due to a communication error – this was supported by another area. Staffing has been deemed as safe for each shift.
<b>RN Night shifts</b>	97.1%	0	
<b>HCA / AP Day shifts</b>	100%	0	
<b>HCA / AP Night shifts</b>	100%	0	

## SICU

Staff requirements on each shift:

	<b>Compliance %</b>	<b>Variance %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	102.1%	+2.1%	Bank and agency staff have been utilised to support increased patient dependency. This information is scrutinised on a shift basis to ensure staffing is appropriate for patient care. Staffing has been deemed as safe for each shift.
<b>RN Night shifts</b>	101.1%	+1.1%	
<b>HCA / AP Day shifts</b>	95.3%	-4.7%	
<b>HCA / AP Night shifts</b>	107.3%	+7.3%	

### **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.
- Exploration of overseas recruitment has 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.

## Appendix 1

[illegible]