

## Board of Directors (Public)

### Board report

**Subject:** LHCH Monthly Staffing for Reporting Period May 2015  
**Date:** 28 July 2015  
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Medicine  
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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 will 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 / internet / NHS Choices for May 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
<b>Monday - Friday</b>	2RN1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1HCA	2RN 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
<b>RN Day shifts</b>	90%	-10%	Occupancy has been low at times and therefore staffing has been appropriate. Staffing is 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.
<b>RN Night shifts</b>	98%	-2%	
<b>HCA / AP Day shifts</b>	82%	-18%	
<b>HCA / AP Night shifts</b>	81%	-19%	

#### Birch Ward:

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/ Actions
<b>RN Day shifts</b>	95%	-5%	Where required the Ward Manager has worked on shifts to cover sickness. Occupancy for some shifts has been low which has been taken into account for unfilled shifts. All shifts have been safe.
<b>RN Night shifts</b>	99%	-1%	
<b>HCA / AP Day shifts</b>	86%	-14%	
<b>HCA / AP Night shifts</b>	92%	-8%	

#### Maple Suite

Staff requirements on each shift:

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

	Compliance with	Variance to	Comments/Actions
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	<b>planned staffing %</b>	<b>planned staffing %</b>	
<b>RN Day shifts</b>	102%	+2%	Dependency has been assessed and been low when shifts have not been covered. On several shifts registered nurse agreed to work late to ensure patient safety. All shifts reported as safe.
<b>RN Night shifts</b>	98%	-2%	
<b>HCA / AP Day shifts</b>	94%	-6%	
<b>HCA/ AP Night shifts</b>	94%	-6%	

### 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>	91%	-9%	Where occupancy and acuity has allowed, the Nurse in Charge has 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.
<b>RN Night shifts</b>	93%	-7%	
<b>HCA / AP Day shifts</b>	100%	0	
<b>HCA / AP Night shifts</b>	97%	-3%	

### Cedar Ward

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Sunday</b>	6RN and 3HCA	5RN and 3HCA	4RN and 3HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	90	-10	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. The planned staffing figure takes into account the extra 3.4wte band 5 nurses and 2.8wte band 2 nurses as a result of the recent financial
<b>RN Night shifts</b>	87.9	-12.1	
<b>HCA / AP Day shifts</b>	148.9	+48.9	
<b>HCA / AP Night shifts</b>	103.2	+3.2	

			investment by the Executive Team. Whilst some vacancies have been appointed to, there remain a few more vacancies which are being recruited to this week. All shifts are reported to be safe.
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## 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>	95.7	-4.3	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. Whilst this extra percentage of HCAs appears high of a night shift, this equates to 1-2 HCAs extra per night. Some of this difference is also due to the use of Assistant Practitioners. There was 1 shift where a patient required their chest opening on the ward and transfer to theatre which reduced the number of RNs on the ward. Care was prioritised accordingly at the time. On a separate occasion, a RN was transferred to another ward which resulted in slight delays to care delivery however this was to ensure overall patient safety within the hospital. All other shifts are reported as safe.
<b>RN Night shifts</b>	86.6	-13.4	
<b>HCA / AP Day shifts</b>	95.7	-4.3	
<b>HCA / AP Night shifts</b>	219.4	+119.4	

**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	At times, extra patients have been brought into the HDU area however extra staff have been utilised on each occasion. 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 3 HCA	4 RN and 2 HCA	3 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>	95.9	-4.1	The planned staffing figure takes into account the extra 1.8wte band 5 nurses and 1.7wte band 2 nurses as a result of the financial investment made by the executive team. 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 (prior to investment), the ward would be rated as 100% compliant. Bank and agency staff have been utilised to
<b>RN Night shifts</b>	66.7	-33.3	
<b>HCA / AP Day shifts</b>	105.2	+5.2	
<b>HCA / AP Night shifts</b>	121.0	+21.0	

			support increased patient acuity caused by confusion. Staffing has been deemed as safe.
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### 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 unit has been closed on some occasions and staff redeployed to other areas where extra staff were required. Staffing has been deemed as safe for each shift.
<b>RN Night shifts</b>	100%	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>	97.1	-2.9	This information is scrutinised on a shift basis and staffing appropriate for patient care. Extra HCAs have been utilised when there has been an increased dependency in patients care. Staffing has been deemed as safe for each shift.
<b>RN Night shifts</b>	97.4	-2.6	
<b>HCA / AP Day shifts</b>	108.6	+8.6	
<b>HCA / AP Night shifts</b>	122.6	+22.6	

### 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 – May 2015

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