

Board of Directors (Public)

Item

Board report

Subject: LHCH Monthly Staffing for Reporting Period for November 2015
Date: 26th January 2016
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 Executive Summary

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. This report details planned and actual nurse staffing levels for the month of November 2015. All shifts were reported as safe in the month.

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.

The November data can be found below that is submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices based on the information included in this paper.

November Data

Cherry Ward

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	100	0	The Ward Manager has worked several shifts to cover sickness/ leave and nursing staff from Maple have supported Cherry ward when required. Occupancy has been low for some shifts. A staffing review is being undertaken due to reducing bed numbers. All shifts have been safe.
RN Night shifts	96.7	-3.3	
HCA / AP Day shifts	83.3	-16.7	
HCA / AP Night shifts	100	0	

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	99.1	-0.9	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 reported as safe.
RN Night shifts	99.3	-0.7	
HCA / AP Day shifts	75.6	-24.4	
HCA / AP Night shifts	100	0	

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	117.8	+17.8	The extra RNs have been utilised to support skill-mix requirements. An AP has temporarily been relocated to support Cedar ward. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	68.3	-31.7	
HCA/ AP Night shifts	97.3	-2.7	

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	86.2	-13.8	Where required and when occupancy and acuity has allowed, the Nurse in Charge has also monitored the telemetry system. The Head of Nursing is supporting the new manager to ensure shifts are safe. Staff have been moved when acuity and dependency have allowed and also the unit has benefited from support from agency and staff from other areas. All shifts are reported as safe.
RN Night shifts	88.1	-11.9	
HCA / AP Day shifts	97.5	-2.5	
HCA / AP Night shifts	80	-20	

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	85.8	-14.2	The gaps in RN are due to some vacancies and new starters who are awaiting their PIN (hence a HCA increase is noted). Assistant practitioners have been utilised where appropriate and the Ward Manager has worked in the numbers where required. All shifts are reported as safe.
RN Night shifts	95	-5	
HCA / AP Day shifts	114.4	+14.4	
HCA / AP Night shifts	77.8	-22.2	

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	97.6	-2.4	There has been an increased need to use extra HCA staff to support patients who have had strokes / are paraplegic and require extra support to ensure their safety and wellbeing. All other shifts are reported as safe. Whilst this appears to be lots of staff, it equates to 1 extra HCA on a night shift. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	106.5	+6.5	
HCA / AP Night shifts	170	+70	

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	Staffing review has been completed and a revised establishment
RN Night shifts	100	0	
HCA / AP Day shifts	65	-35	

HCA / AP Night shifts	95.8	-4.2	agreed as 2 RN + 1 Support Worker each shift. The requirement is variable dependent on activity. All shifts are reported as safe.
------------------------------	------	------	---

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	97.3	-2.7	The gaps in RN are due to vacancies and new starters who are awaiting their PIN (hence a HCA increase is noted). Some extra HCAs have been utilised to support patients requiring further support due to confusion. All shifts are reported as safe.
RN Night shifts	94.4	-5.6	
HCA / AP Day shifts	128.7	+28.7	
HCA / AP Night shifts	128.3	+28.3	

Surgical Admissions Unit (now Mulberry Ward)

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	All shifts have been reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	100	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	99.1	-0.9	This information is assessed on a shift basis and staffing appropriate for patient care. Staffing has reflected the levels of care required within POCCU / ITU. All shifts have been reported as safe.
RN Night shifts	98.3	-1.7	
HCA / AP Day shifts	98	-2	
HCA / AP Night shifts	80.5	-19.5	

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.

A letter from Monitor, NHS England, CQC, NICE and TDA to Trusts (dated 13th October 2015) has highlighted that safer staffing should be viewed from a multi-disciplinary basis as opposed to nursing alone. This is being considered within LHCH currently and work is underway to trial a new model of multi-disciplinary working from January 2016 on Elm ward involving the therapy teams.

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.

November 2015

[illegible]