Liverpool Heart and Chest Hospital **NHS**

NHS Foundation Trust

Board of Directors (Public)

Board report

Subject: LHCH Monthly Staffing for Reporting Period for September 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. A report has been presented in July 2015 to the Quality Committee and Divisional Governance Committees by the Heads of Nursing.

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 September 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.

September 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	Variance to planned	Comments/Actions
	planned staffing %	staffing %	
RN Day shifts	88.9%	-11.1%	The Ward Manager
RN Night shifts	78.6%	-21.4%	has worked several
HCA / AP Day shifts	99%	-1%	shifts to cover
HCA / AP Night shifts	96.4%	-3.6%	sickness/ leave and nursing staff from Maple have supported Cherry ward when required. Occupancy has been low for some shifts. 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	89%	-11%	Where required the Ward Manager has
RN Night shifts	100%	0%	worked shifts to cover
HCA / AP Day shifts	74.4%	-25.6%	sickness. Staff have
HCA / AP Night shifts	100%	0%	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 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	95.6%	-4.4%	Where acuity and
RN Night shifts	96.6%	-3.4%	occupancy has allowed
HCA / AP Day shifts	85.9%	-14.10%	staff have moved to
HCA/ AP Night shifts	93.2%	-6.8%	support other areas. Maple have had assistance from other areas on occasion where required.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	92.4%	-7.6%	Where required and
RN Night shifts	93.8%	-6.2%	when occupancy and
HCA / AP Day shifts	95.1%	-4.9%	acuity has allowed, the
HCA / AP Night shifts	83.3%	-16.7%	Nurse in Charge has also monitored the telemetry system. The ward manager has now commenced maternity leave and a new manager has been appointed to cover. The new manager spent a month shadowing the role and has supported shifts when required. All shifts are reported as being safe.

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	81.8	-18.2	The gaps in RN are due to
RN Night shifts	90	-10	some vacancies and some
HCA / AP Day shifts	120.6	+20.6	new starters who are
HCA / AP Night shifts	72.2	-27.8	awaiting their PIN (hence a HCA increase is noted). Assistant practitioners have

	been utilised	where
	appropriate	and the Ward
	Manager ha	s worked in the
	numbers wh	ere required.
	Occupancy	has also been
	reduced. All	shifts are
	reported to b	oe 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	90.7	-9.3	The gaps in RN are
RN Night shifts	100	0	due to some
HCA / AP Day shifts	123.9	+23.9	vacancies and some
HCA / AP Night shifts	193.3	+93.3	new starters who are awaiting their PIN (hence a HCA increase is noted). There has been an increased need to use extra HCA staff at night to support patients who are confused and require extra support to ensure their safety and wellbeing. All other shifts are reported as safe.

HDU

Staff requirements on each shift:

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	Early shift	Late shift	Night shift					
Monday - Friday	2	2	2					
Saturday - Sunday	2	2	2					

	Compliance with	Variance to planned	Comments/Actions
	planned staffing %	staffing %	
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	N/A	N/A	
shifts			

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 RN Night shifts	91.2 84.4	-8.8 -15.6	The gaps in RN are due to some
HCA / AP Day shifts HCA / AP Night shifts	115.3 116.7	+15.3 +16.7	vacancies and some new starters who are awaiting their PIN (hence a HCA increase is noted). Staff have been
			moved appropriately to Oak ward to ensure safe staffing. 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.
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	100	0	

SICUStaff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	96.7	-3.3	This information is
RN Night shifts	96.9	96.9 -3.1	
HCA / AP Day shifts	97.0	-3	basis and staffing
HCA / AP Night shifts	99.3	-0.7	appropriate for patient care. Staffing has reflected the levels of care required within POCCU / ITU. 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 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.

September 2015

Only complete sites your organisation is accountable for				Da	ay			Ni	ght		Da	ч	Nig	ght
	Main 2 Specialties on each ward		Registered Care Staff midwives/nurses		Staff	Registered midwives/nurses		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 MEDICINE	1012	900	780	772	562	442	281	271	88.9%	99.0%	78.6%	96.4%
BIRCH WARD (WARD A)	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3405	3030	1845	1373	1125	1125	562	562	89.0%	74.4%	100.0%	100.0%
CEDAR WARD (WARD C)	170 - CARDIOTHORACIC SURGERY		2640	2160	1350	1627.5	1125	1012.5	843.75	609.37	81.8%	120.6%	90.0%	72.2%
CORONARY CARE UNIT	170 - CARDIOTHORACIC SURGERY		3060	2828	615	585	2100	1970	300	250	92.4%	95.1%	93.8%	83.3%
CRITICAL CARE AREA	170 - CARDIOTHORACIC SURGERY		11730	11340	2250	2182.5	8466	8205.23	1600.5	1589.83	96.7%	97.0%	96.9%	99.3%
ELM WARD (WARD E)	170 - CARDIOTHORACIC SURGERY		2190	1987	1350	1672.5	843.75	843.75	281.25	543.75	90.7%	123.9%	100.0%	193.3%
OAK WARD (WARD G)	170 - CARDIOTHORACIC SURGERY		1965	1792.5	1125	1297.5	843.75	712.5	562.5	656.25	91.2%	115.3%	84.4%	116.7%
SURGICAL ADMISSIONS UN	170 - CARDIOTHORACIC SURGERY		547.5	547.5	322.5	322.5	196.87	196.87	196.87	196.87	100.0%	100.0%	100.0%	100.0%
THORACIC "HDU"	170 - CARDIOTHORACIC SURGERY		592.5	592.5	0	0	375	375	0	0	100.0%	-	100.0%	-
	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	1012	967	900	773	562	543	281	262	95.6%	85.9%	96.6%	93.2%