

Board of Directors (Public)

Item

Board report

Subject: LHCH Monthly Staffing for Reporting Period for April 2016
Date of meeting 26th May, 2016
Prepared by: Lisa Salter, Divisional Head of Nursing and Quality for Surgery
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Presented by: Sue Pemberton, Executive Director of Nursing & Quality

BAF Ref	Impact on BAF Risk Rating
1.1,1.2	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 was presented in December 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 April 2016, including any red flag concerns. All shifts were reported as safe during the month however there were 10 shifts with red flag concerns noted for Mulberry ward due to not having 2 registered nurses on each shift. (Explanation of red flags can be found in Appendix 1). Safety was not compromised as at no time was the registered nurse responsible for more than eight patients.

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 April 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.

March 2016 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	103.3	+3.3	<p>There has been increasing long term sickness and 2 staff on maternity leave which has resulted in staffing not being at 100% compliance.</p> <p>There are also a couple of RN vacancies which have been recruited to, one has commenced in post. Others are awaited. An RN from Birch ward is supporting the ward from May 2016. Cherry ward and Maple Suite merged and Maple Suite team have supported significantly to ensure the gap is covered safely. All shifts have been safe.</p>
RN Night shifts	80	-20	
HCA / AP Day shifts	63.3	-36.7	
HCA / AP Night shifts	93.3	-6.7	

Birch Ward:

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/ Actions
RN Day shifts	94.5	-5.5	Support has been given to other areas to assist with staff shortage or high acuity at times. Enhanced levels of care have resulted in additional support at night by care staff. All shifts have been reported as safe.
RN Night shifts	98.3	-1.7	
HCA / AP Day shifts	100.4	+0.4	
HCA / AP Night shifts	116.7	+16.7	

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	110	+10	Maple and Cherry ward have been working closely to ensure all shifts are safe. The Division have merged Cherry ward and Maple Suite and flexibility of the workforce is helping to support Cherry. Maple can support Cherry but Cherry cannot as yet support Maple due to the surgical nature of this area. The Ward Manager is fully aware of the training needs and the gap and is working towards resolving this to further strengthen flexibility between both areas. Acuity and occupancy is reviewed on a shift basis. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	55	-45	
HCA/ AP Night shifts	100	0	

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	104.1	+4.1	Where required and when occupancy and acuity has allowed, the Nurse in Charge has also monitored the telemetry system. All shifts are reported as safe.
RN Night shifts	96.7	-3.3	
HCA / AP Day shifts	117.1	+17.1	
HCA / AP Night shifts	83.3	-16.6	

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	79.8	-20.2	The gaps in RN are due to some vacancies, which are now all appointed to and awaiting start dates of staff. Assistant practitioners have been utilised where appropriate, hence difference in figures. The Ward Manager has been included in the numbers to support some shifts. All shifts are reported as safe.
RN Night shifts	85.8	-14.2	
HCA / AP Day shifts	133.3	+33.3	
HCA / AP Night shifts	101.1	+1.1	

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	87.6	-12.4	There has been a slight increase in HCA staff to support patients however the extra numbers are as a result of new staff being supernumerary and awaiting their NMC PIN
RN Night shifts	97.8	-2.2	
HCA / AP Day shifts	122.8	+22.8	
HCA / AP Night shifts	176.7	+76.7	

			number. The Ward Manager has been included in the numbers to support some shifts. All shifts are reported as safe.
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HDU

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	2RN +1 SW	2RN +1 SW	2RN +1SW
Saturday - Sunday	2RN + 1 SW	2RN + 1SW	2RN +1 SW

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	There has been low activity in HDU this month due to the Doctors strike. All staffing safe. Some shifts without additional HCA support however, dependency low on those shifts.
RN Night shifts	100	0	
HCA / AP Day shifts	89.5	-10.5	
HCA / AP Night shifts	93.8	-6.2	

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	88.1	-11.9	The gaps in RN are due to vacancies and awaiting new staff to start in post. Band 4 staff have been utilised where appropriate. The Ward Manager has been included in the numbers to support some shifts. All shifts are reported as safe.
RN Night shifts	83.3	-16.7	
HCA / AP Day shifts	129.3	+29.3	
HCA / AP Night shifts	135.0	+35.0	

Mulberry Ward (formerly 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	70.8	-29.2	<p>There is a reduction in RNs on each shift. On these occasions, there has been an AP and HCA on shift and the ratio of nurse to patients has been 1:8 or less and the ward is noted to be safe (hence increase in HCA/AP staff). However, we are not compliant with national NICE guidance of 2 RNs per shift. This has resulted in red flags being noted on 10 occasions. On 2 night shifts, the nurse in charge did not get a break. This has been discussed with the Head of Nursing to discuss staffing options going forwards. The Ward Manager has been included in the numbers to support some shifts. All shifts have been reported as safe.</p>
RN Night shifts	75	-25	
HCA / AP Day shifts	141.7	+41.7	
HCA / AP Night shifts	166.7	+66.7	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	100.7	+0.7	<p>Fully compliant with RN staffing on all shifts. HCA capacity to be reviewed now ICA role discontinued on critical care</p>
RN Night shifts	100.7	+0.7	
HCA / AP Day shifts	88.5	-11.5	
HCA / AP Night shifts	118.2	+18.2	

3.0 Summary

In summary, there have been red flags within Mulberry ward in relation to the standard to have 2 registered nurses per shift. This is mitigated by ensuring that where there is one registered nurse, the 1:8 ratio is always met. This is being reviewed within the Divisions and the Senior Nursing team. The wards are safe and staff is managed according to occupancy 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-divisional team working to enable quick flexible responses 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
- The request for extra staffing for registered nurses on Mulberry ward is being considered as part of annual planning for 2016 /17.

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 are 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

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
- Less than 2 registered nurses present on a ward during any shift.

**Appendix 2
April 2016**

Only complete sites your organisation is accountable for			Day				Night				Day		Night	
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Specialty 1	Specialty 2	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	Total monthly planned staff hours	Total monthly actual staff hours				
CHERRY WARD	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	900	930	900	570	562.5	450	281.25	262.5	103.3%	63.3%	80.0%	93.3%
BIRCH WARD (WARD A)	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	2977.5	1800	1807.5	1125	1106.25	562.5	656.25	94.5%	100.4%	98.3%	116.7%
CEDAR WARD (WARD C)	170 - CARDIOTHORACIC SURGERY		2407.5	1920	1350	1800	1125	965.62	843.75	853.12	79.8%	133.3%	85.8%	101.1%
CORONARY CARE UNIT	170 - CARDIOTHORACIC SURGERY		2875	2992.5	775	907.5	1968.75	1903.13	281.25	234.37	104.1%	117.1%	96.7%	83.3%
CRITICAL CARE AREA	170 - CARDIOTHORACIC SURGERY		12367.5	12450	1627.5	1440	8866.77	8930.79	992.31	1173	100.7%	88.5%	100.7%	118.2%
ELM WARD (WARD E)	170 - CARDIOTHORACIC SURGERY		2182.5	1912.5	1350	1657.5	843.75	825	281.25	496.87	87.6%	122.8%	97.8%	176.7%
OAK WARD (WARD G)	170 - CARDIOTHORACIC SURGERY		1957.5	1725	1125	1455	843.75	703.12	562.5	759.37	88.1%	129.3%	83.3%	135.0%
MULBERRY	170 - CARDIOTHORACIC SURGERY		180	127.5	90	127.5	112.5	84.37	28.12	46.87	70.8%	141.7%	75.0%	166.7%
THORACIC "HDU"	170 - CARDIOTHORACIC SURGERY		292.5	292.5	142.5	127.5	181.39	181.39	170.72	160.05	100.0%	89.5%	100.0%	93.8%
MAPLE SUITE (AL1)	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	900	990	900	495	562.5	562.5	281.5	281.5	110.0%	55.0%	100.0%	100.0%