

Board of Directors (Public)

Item

Board report

Subject: LHCH Monthly Staffing for Reporting Period for February 2016
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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 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 February 2016, including any red flag concerns. All shifts were reported as safe during the month however there were 17 days with red flag concerns noted for Mulberry ward and 11 days with red flags on Cherry 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 February 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.

February 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	94.9	-5.1	The Ward Manager has worked several shifts to cover an increase in short-term sickness and nursing staff from Maple have supported Cherry ward when required. There were 11 days where red flags were identified and this was due to only 1RN on shift, however occupancy was less than 8 patients and an Assistant Practitioner was available. All shifts have been safe.
RN Night shifts	87.9	-12.1	
HCA / AP Day shifts	75	-25	
HCA / AP Night shifts	93.1	-6.9	

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	96	-4	Where required the Ward Manager has worked shifts to cover sickness. Support has been given from other areas to assist with high acuity at times. All shifts have been reported as safe.
RN Night shifts	94	-6	
HCA / AP Day shifts	82.3	-17.7	
HCA / AP Night shifts	93.1	-6.9	

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	92.7	-7.3	An Assistant Practitioner has temporarily been relocated to support Cedar ward hence the reduction in HCAs on a day shift. Maple and Cherry ward have been working closely to ensure all shifts are safe. The Division has been working towards the merging of the two wards to assist in aligning standards and to ensure optimum working of the teams to provide high quality patient care. This merger will be formalised on 1 st March. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	71.6	-28.4	
HCA/ AP Night shifts	96.5	-3.5	

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	91	-9	Where required and when occupancy and acuity has allowed, the Nurse in Charge has also monitored the telemetry system. The reduced HCA shifts on nights are due to short term sickness which has since resolved. All shifts are reported as safe.
RN Night shifts	93.6	-6.4	
HCA / AP Day shifts	97.7	-2.3	
HCA / AP Night shifts	79.3	-20.7	

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	76.8	-23.2	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. All shifts are reported as safe.
RN Night shifts	85.3	14.7	
HCA / AP Day shifts	150	+50	
HCA / AP Night shifts	104.6	+4.6	

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	95.4	-4.6	There has been an increased need to use extra HCA staff to support patients who have had strokes, are delirious and are on DOLS assessments due to continuous wandering and risk of falls. This month has been particularly difficult with several patients confused awaiting beds in other hospitals. All shifts are reported as safe.
RN Night shifts	97.7	-2.3	
HCA / AP Day shifts	112.1	+12.1	
HCA / AP Night shifts	158.6	+58.6	

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	101.2	+1.2	The requirement is variable dependent on activity. There have been 2 shifts where HDU was open to 5
RN Night shifts	98.9	-1.1	
HCA / AP Day shifts	96.3	+3.7	
HCA / AP Night	100	100	

shifts			patients but was staffed accordingly. All shifts are checked on a shift basis and reported as safe.
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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	96.8	-3.2	The gaps in RN are due to vacancies and awaiting new staff to start in post. Some extra HCAs have been utilised to support patients requiring further support due to confusion / risk of falls. All shifts are reported as safe.
RN Night shifts	98.9	-1.1	
HCA / AP Day shifts	108.3	+8.3	
HCA / AP Night shifts	105.2	+5.2	

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	79.8	-20.2	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. However, we are not compliant with national NICE guidance of 2 RNs per shift. This has resulted in red flags being noted. This has been highlighted within the annual plans for 2016/17 and the division of surgery is looking at how this gap can be filled. All shifts have been reported as safe.
RN Night shifts	72.5	-27.5	
HCA / AP Day shifts	121.4	+21.4	
HCA / AP Night shifts	122.2	+22.2	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	98.9	-1.1	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.
RN Night shifts	98.3	-1.7	
HCA / AP Day shifts	110.3	+10.3	
HCA / AP Night shifts	110.6	+10.6	

3.0 Summary

In summary, there have been red flags within Mulberry ward and Cherry ward in relation to the standard to have 2 registered nurses per shift. This is being reviewed within the Divisions and the Senior Nursing team. The wards however, 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 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

- 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

February 2016

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