

## Board of Directors (Public)

Item

## Board report

**Subject:** LHCH Monthly Staffing for Reporting Period for January 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 January 2016, including any red flag concerns. All shifts were reported as safe during the month however there were some red flag concerns noted for Mulberry ward and one for Cedar ward which are noted in the paper. (Explanation of red flags can be found in Appendix 1).

### 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 January 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.

## January Data

### Cherry Ward

Staff requirements on each shift: split into RN (Registered nurse), AP (Assistant Practitioner) and HCA (Healthcare Assistant)

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	2RN1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1HCA	2RN 1HCA	2RN 1HCA

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	96.7	-3.3	The Ward Manager has worked several shifts to cover sickness/ leave and nursing staff from Maple have supported Cherry ward when required. Planned staffing was reduced for January as the ward was closed over New Year until 3 <sup>rd</sup> January due to reduced occupancy. All shifts have been safe.
<b>RN Night shifts</b>	92.9	-7.1	
<b>HCA / AP Day shifts</b>	89.6	-10.4	
<b>HCA / AP Night shifts</b>	100	0	

### Birch Ward:

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/ Actions</b>
<b>RN Day shifts</b>	93.8	-6.2	Where required the Ward Manager has worked shifts to cover sickness. Staff have shared their workload across teams to support patient care. Support has been given from other areas to assist with high acuity at times. All shifts have been reported as safe.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	91.7	-8.3	
<b>HCA / AP Night shifts</b>	90.3	-9.7	

**Maple Suite:**

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	103.7	+3.7	RNs have been utilised to support skill-mix requirements. An AP has temporarily been relocated to support Cedar ward. 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 patient care. This merger will be formalised on 1 <sup>st</sup> March. All shifts are reported as safe.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	60.5	-39.5	
<b>HCA/ AP Night shifts</b>	96.8	-3.2	

**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>	92.8	-7.2	Where required and when occupancy and acuity has allowed, the Nurse in Charge has also monitored the telemetry system. There is a rise in non – registered staff due to being at full establishment for HCAs and the AP being counted in the non-registered workforce. All shifts are reported as safe.
<b>RN Night shifts</b>	96.3	-3.7	
<b>HCA / AP Day shifts</b>	130.1	+30.1	
<b>HCA / AP Night shifts</b>	80.6	-19.4	

**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
<b>RN Day shifts</b>	79.3	-20.7	The gaps in RN are due to some vacancies and due to the occupancy being reduced over the new year period. Assistant practitioners have been utilised where appropriate. There was one shift where a red flag was identified, noting 27 patients for 3RNs. There was however an AP and 2 HCAs but this breached the 1RN:8 ratio, increasing the ratio to 1RN:9 patients. No harm occurred to patients during this time and the Head of Nursing has discussed this matter at length with the Hospital Co-ordinator and ward staff. An incident form has been completed. All shifts are reported as safe.
<b>RN Night shifts</b>	87.1	-12.9	
<b>HCA / AP Day shifts</b>	104.3	+4.3	
<b>HCA / AP Night shifts</b>	89.3	-10.7	

**Elm Ward**

Staff requirements on each shift:

	Early shift	Late shift	Night shift
<b>Monday - Sunday</b>	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
<b>RN Day shifts</b>	91.7	-8.3	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. Whilst this increase appears high, it equates to 1 to 2 extra HCAs. All shifts are reported as safe.
<b>RN Night shifts</b>	95.7	-4.3	
<b>HCA / AP Day shifts</b>	121.5	+21.5	
<b>HCA / AP Night shifts</b>	241.9	+141.9	

**HDU**

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	2RN +1 SW	2RN +1 SW	2RN +1SW
<b>Saturday - Sunday</b>	2RN + 1 SW	2RN + 1SW	2RN +1 SW

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	97.4	-2.6	<p>Staffing review has been completed and a revised establishment agreed as 2 RN + 1 Support Worker each shift. The requirement is variable dependent on activity. All shifts are reported as safe.</p> <p>There have been 11 shifts where HDU was open to 5 patients and 3 shifts when open to 6 patients. On 4 occasions an ICA has allocated to care for a lower dependent patient under observation of an RN</p> <p>Checked on a shift by shift basis and declared safe</p>
<b>RN Night shifts</b>	94.4	-5.6	
<b>HCA / AP Day shifts</b>	105.9	+5.9	
<b>HCA / AP Night shifts</b>	116.7	+16.7	

**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>	94.1	-5.9	<p>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.</p>
<b>RN Night shifts</b>	96.8	-3.2	
<b>HCA / AP Day shifts</b>	121.3	+21.3	
<b>HCA / AP Night shifts</b>	130.6	+30.6	

**Mulberry Ward (formerly Surgical Admissions Unit)**

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	100	0	Further work has been undertaken to review staffing in this area to comply with national guidance to have 2 RNs on a shift and this has been highlighted within the annual plans for 2016/17. Red flags have been raised on seven occasions due to having 1RN on 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. All shifts have been reported as safe.
<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>	98.3	-1.7	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. The SW resource is shared between SICU and HDU and is assessed on a shift by shift basis. All shifts have been reported as safe.
<b>RN Night shifts</b>	99	-1	
<b>HCA / AP Day shifts</b>	114.7	+14.7	
<b>HCA / AP Night shifts</b>	121.8	+21.8	

### **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.
- The request for extra staffing for registered nurses on Mulberry ward has been 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

### January 2016

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