

## Board of Directors (Public)

Item

## Board report

**Subject:** LHCH Monthly Staffing for Reporting Period for March 2016  
**Date of meeting** 25<sup>th</sup> April 2016  
**Prepared by:** Lisa Salter, Divisional Head of Nursing and Quality for Surgery  
Karen Wafer, Interim Divisional Head of Nursing and Quality for Medicine  
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**Presented by:** Sue Pemberton, Executive Director of Nursing & Quality

BAF Ref	Impact on BAF Risk Rating?
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 March 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 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 March 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 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
<b>Monday - Friday</b>	2RN1AP 1HCA	2RN 1AP 1HCA	2RN 1HCA
<b>Saturday /Sunday</b>	2RN 1HCA	2RN 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
<b>RN Day shifts</b>	107	+7	There has been short and long term sickness and 2 staff on maternity leave which has resulted in staffing not being at 100% compliance. There are also a couple of RN vacancies which have been recruited to and the ward are awaiting start dates. This month, Cherry ward and Maple Suite have merged with the Ward Manager from Maple Suite taking charge and she has reviewed the occupancy and acuity on a shift basis. Maple Ward have supported significantly to ensure the gap is covered safely. All shifts have been safe.
<b>RN Night shifts</b>	95.2	-4.8	
<b>HCA / AP Day shifts</b>	64.5	-35.5	
<b>HCA / AP Night shifts</b>	87.1	-12.9	

#### Birch Ward:

Staff requirements on each shift:

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

	Compliance with	Variance to planned	Comments/ Actions
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	<b>planned staffing %</b>	<b>staffing %</b>	
<b>RN Day shifts</b>	85.9	-14.1	Support has been given to other areas to assist with high acuity at times. All shifts have been reported as safe.
<b>RN Night shifts</b>	99.2	-0.8	
<b>HCA / AP Day shifts</b>	100.8	+0.8	
<b>HCA / AP Night shifts</b>	108.1	+8.1	

#### 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>	128	+28	Maple and Cherry ward have been working closely to ensure all shifts are safe. The Division have merged Cherry ward and Maple Suite as of this month to create a Cystic Fibrosis Unit. There is a difference in staffing due to the utilisation of Assistant Practitioners. Acuity and occupancy is reviewed on a shift basis. All shifts are reported as safe.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	65.3	-34.7	
<b>HCA/ AP Night shifts</b>	100	0	

#### 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>	105.4	+5.4	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.
<b>RN Night shifts</b>	97.2	-2.8	
<b>HCA / AP Day shifts</b>	86	-14	
<b>HCA / AP Night shifts</b>	87.1	-12.9	

#### Cedar Ward

Staff requirements on each shift:

Day	<b>Early</b>	<b>Late</b>	<b>Night</b>
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>	91.7	-8.3	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. All shifts are reported as safe.
<b>RN Night shifts</b>	96.8	-3.2	
<b>HCA / AP Day shifts</b>	136.6	+36.6	
<b>HCA / AP Night shifts</b>	93.5	-6.5	

#### 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>	88.3	-11.7	There has been an increased need to use extra HCA staff to support patients and this has been discussed at the daily huddle. This month has been particularly difficult with several patients confused and unwell. All shifts are reported as safe.
<b>RN Night shifts</b>	91.4	-8.6	
<b>HCA / AP Day shifts</b>	121	+21	
<b>HCA / AP Night shifts</b>	219.4	+119.4	

#### HDU

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
<b>RN Day shifts</b>	100	0	There were periods during March where HCA support was not available. Patient dependency assessed as safe and no safety issues identified.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	71.2	-28.8	
<b>HCA / AP Night shifts</b>	82.4	-17.6	

#### Oak Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
<b>Monday - Sunday</b>	4 RN and 3 HCA	4 RN and 2 HCA	3 RN and 2 HCA

	Compliance with	Variance to planned	Comments/Actions
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	<b>planned staffing %</b>	<b>staffing %</b>	
<b>RN Day shifts</b>	88.1	-11.9	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.
<b>RN Night shifts</b>	87.1	-12.9	
<b>HCA / AP Day shifts</b>	114.8	+14.8	
<b>HCA / AP Night shifts</b>	119.4	+19.4	

### **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>	75.7	-24.3	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 on 17 occasions. 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.
<b>RN Night shifts</b>	79.4	-20.6	
<b>HCA / AP Day shifts</b>	154.3	+54.3	
<b>HCA / AP Night shifts</b>	142.9	+42.9	

## SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
<b>RN Day shifts</b>	100.6	+0.6	ICA role discontinued in Critical care from 7 <sup>th</sup> March and therefore shortage of care support identified in figures. All RN requirements met. Staffing levels identified as safe.
<b>RN Night shifts</b>	99.9%	-0.1	
<b>HCA / AP Day shifts</b>	80.6	-19.4	
<b>HCA / AP Night shifts</b>	97.6	-2.4	

### 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 trained nurse the 1:8 ratio is always met. 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

### March 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	930	995.25	930	600	581.25	553.125	290.625	253.125	107.0%	64.5%	95.2%	87.1%
BIRCH WARD (WARD A)	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3412.5	2932.5	1860	1875	1162.5	1153.12	581.25	628.12	85.9%	100.8%	99.2%	108.1%
CEDAR WARD (WARD C)	170 - CARDIOTHORACIC SURGERY		2250	2062.5	1395	1905	871.87	843.75	871.87	815.62	91.7%	136.6%	96.8%	93.5%
CORONARY CARE UNIT	170 - CARDIOTHORACIC SURGERY		3022.5	3185.25	697.5	600	2034.375	1978.125	290.625	253.125	105.4%	86.0%	97.2%	87.1%
CRITICAL CARE AREA	170 - CARDIOTHORACIC SURGERY		12127.5	12195	2092.5	1687.5	8690.7	8685.5	1323	1291	100.6%	80.6%	99.9%	97.6%
ELM WARD (WARD E)	170 - CARDIOTHORACIC SURGERY		2250	1987.5	1395	1687.5	871.87	796.87	290.62	637.5	88.3%	121.0%	91.4%	219.4%
OAK WARD (WARD G)	170 - CARDIOTHORACIC SURGERY		2017.5	1777.5	1162.5	1335	871.87	759.37	581.25	693.75	88.1%	114.8%	87.1%	119.4%
MULBERRY	170 - CARDIOTHORACIC SURGERY		525	397.5	262.5	405	318.75	253.12	65.62	93.75	75.7%	154.3%	79.4%	142.9%
THORACIC "HDU"	170 - CARDIOTHORACIC SURGERY		585	585	210	149.5	394.8	394.8	181.3	149.4	100.0%	71.2%	100.0%	82.4%
MAPLE SUITE (AL1)	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	930	1190.25	930	607.5	581.25	581.25	290.625	290.625	128.0%	65.3%	100.0%	100.0%