

Board of Directors (Public)
Item 3.3a

**Board
Meeting**

Subject: LHCH Monthly Staffing for February 2015
Date of meeting: 31st March 2015
Prepared by: Lisa Salter, Assistant Director of Nursing (SACC)
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Presented by: Sue Pemberton, Director of Nursing and Quality

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 a ward by ward basis. This information sits alongside a range of other indicators related to the Trust. Patients and members of the public are able to see clearly how hospitals are performing in relation to staffing in an easy and accessible way.

It is also a requirement of NHS England for Trusts to present this information on a monthly basis to their Board of Directors to ensure they are appraised of staffing levels within the organisation. Due to national directives, LHCH must also highlight 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 each shift.

At LHCH, information relating to staffing establishments, patient safety issues, occupancy etc., has been presented 6-monthly for the last 3 years, undergoing scrutiny by the Assistant Directors of Nursing, directorate governance committees and workforce committee.

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. This report should be considered alongside the six monthly staffing paper that was reported to the Board in January. 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.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for February 2015 data based on the information included in this paper.

Amanda Unit

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	3RN(2 shifts) 1AP 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	98.5%	-1.5%	All shifts have been safe.
RN Night shifts	98.3%	-1.7%	
HCA / AP Day shifts	92.8%	-7.2%	
HCA / AP Night shifts	91%	-9%	

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	90.3%	-9.7%	There has been some sickness for HCA's. This has been managed on a shift by shift basis and registered staff have utilised different work patterns to ensure patients receive appropriate care. All shifts have been safe.
RN Night shifts	100%	0%	
HCA / AP Day shifts	86.5%	-13.5%	
HCA / AP Night shifts	116%	+16%	

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	106.1%	+6.1%	The variance shown is due to AP/RN cover for shifts. All shifts were reported as safe.
RN Night shifts	100%	0	
HCA / AP Day shifts	92.9%	-7.1%	
HCA/ AP Night shifts	95.7%	-4.3%	

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	95.4%	-4.6%	Where occupancy and acuity has allowed, the Nurse in Charge has also covered telemetry. Bank and agency staff have been utilised where appropriate. All shifts are reported as being safe.
RN Night shifts	91.3%	-8.7%	
HCA / AP Day shifts	85.6%	-14.4%	
HCA / AP Night shifts	89.3%	-10.7%	

Cedar Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Friday	5RN and 3HCA	5RN and 2HCA	3RN and 2HCA
Saturday	5RN and 3HCA	4RN and 2HCA	3RN and 2HCA
Sunday	5RN and 3HCA	4RN and 2HCA	3RN and 2HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	85%	-15%	The ward has utilised Assistant Practitioners within this off duty to support differences in Registered Nurses. The APs are able to take a team of patients under the guidance of an RN. Bank and agency staff were utilised during this time and staff moved from other areas, where appropriate. Acuity has been high on the ward and this is noted within the Directorate. All shifts are reported to be safe with the extra staff provision, provided.
RN Night shifts	100%	0	
HCA / AP Day shifts	148.6%	+48.6%	
HCA / AP Night shifts	160.7%	+60.7%	

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	90.1%	-9.9%	Some RN staff have been moved to support other areas. Due to increased acuity of some patients requiring closer monitoring, extra HCA shifts have been covered. Some of this difference is also due to the use of Assistant Practitioners. All shifts are reported as safe.
RN Night shifts	94%	-6%	
HCA / AP Day shifts	117.8%	+17.8%	
HCA / AP Night shifts	125%	+25%	

HDU

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	0	0	
HCA / AP Night shifts	0	0	

Oak Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
Monday - Sunday	4 RN and 2 HCA	4 RN and 2 HCA	2 RN and 2 HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	98.4%	-1.6%	Bank and agency staff have been utilised to support increased patient acuity, caused by confusion. All shifts are reported as safe.
RN Night shifts	100%	0	
HCA / AP Day shifts	128.6%	+28.6%	
HCA / AP Night shifts	116.1%	+16.1%	

Surgical Admissions Unit

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100%	0	Some staff sent to support other surgical areas on several occasions where it was deemed safe to do so and the Manager used within the SAU staffing numbers. The use of Assistant Practitioners (within the HCA numbers) can take a group of patients with support on both early and late shifts. All shifts are reported as safe.
RN Night shifts	100%	0	
HCA / AP Day shifts	100%	0	
HCA / AP Night shifts	100%	0	

SICU

Staff requirements on each shift:

	Compliance %	Variance %	Comments/Actions
RN Day shifts	104.7%	+4.7%	Some vacancies remain for HCA staff which are currently being recruited. This information is scrutinised on a shift basis and staffing appropriate for patient care. All shifts are reported as safe.
RN Night shifts	101.1%	+1.1%	
HCA / AP Day shifts	87.7%	-12.3%	
HCA / AP Night shifts	103.6%	+3.6%	

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 discussion between the ward managers and ADNS 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.
- Corporate approach to nursing recruitment commenced.

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

February Staffing Levels

[illegible]