

Item 3.2

Subject: LHCH Monthly Staffing – March 2015 **Board report**
Date of meeting: 28th April 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 staffing within the Trust.

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 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 ADNS, 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 needs to be considered alongside the six monthly staffing paper that was reported to the Board in January 2015. Where staffing compliance is not at 100%, the paper details the reasons why and the action taken to address the shortfall, where appropriate. 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 March 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%	-2%	Acuity and the occupancy is monitored on a shift by shift basis and all shifts have been safe.
RN Night shifts	95%	-5%	
HCA / AP Day shifts	94%	-6%	
HCA / AP Night shifts	90%	-10%	

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	97%	-3%	There has been some requirement for patients to be specialised which has seen a slight increase in the use of HCAs on the night shift. Where there has been a reduction in staffing, this has been managed on a shift by shift basis and registered staff have utilised different work processes to ensure patients receive appropriate care. All shifts have been safe.
RN Night shifts	100%	0%	
HCA / AP Day shifts	95%	-5%	
HCA / AP Night shifts	105%	+5%	

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	Variance to planned	Comments/Actions
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	planned staffing %	staffing %	
RN Day shifts	111%	+11%	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	81%	-19%	
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	95.4%	-4.6%	Where occupancy and acuity has allowed, the Nurse in Charge has also worked on telemetry. Vacancies have gone to advert and some new registered and non-registered staff are to be employed. In the interim 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	82.5%	-17.5%	The ward has utilised Assistant Practitioners within this off duty to support differences in Registered Nurses. Bank and agency staff were utilised during this time due to short-term sickness and patients requiring 1:1 care. All shifts are reported to be safe.
RN Night shifts	103.2%	+3.2%	
HCA / AP Day shifts	107.1%	+7.1%	
HCA / AP Night shifts	166.1%	+66.1%	

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	96%	-4%	On one occasion, staff were moved from this ward to support another area. This was escalated to the Hospital Coordinator. This does add extra pressure on the nursing staff when coordinating care for patients. Dependency on the ward has been high with patients at risk of falls, hence extra support required from HCAs at night. There are some differences in staffing also due to the use of Assistant Practitioners. All shifts are reported as safe.
RN Night shifts	95.7%	-4.3%	
HCA / AP Day shifts	104.8%	+4.8%	
HCA / AP Night shifts	119.3%	+19.3%	

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	97%	-3%	Staff have been utilised from other areas to support increased patient acuity, caused by patient confusion. Staffing has been deemed as safe.
RN Night shifts	100%	0	
HCA / AP Day shifts	124.2%	+24.2%	
HCA / AP Night shifts	108%	+8%	

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	The Ward Manager used within the SAU staffing numbers on occasions to cover short-term sickness. On one occasion, there was a deficit of 1RN on a night shift due to a communication error – this was supported by another area. Staffing has been deemed as safe for each shift.
RN Night shifts	97.1%	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	102.1%	+2.1%	Bank and agency staff have been utilised to support increased patient dependency. This information is scrutinised on a shift basis to ensure staffing is appropriate for
RN Night shifts	101.1%	+1.1%	
HCA / AP Day shifts	95.3%	-4.7%	
HCA / AP Night shifts	107.3%	+7.3%	

			patient care. Staffing has been deemed as safe for each shift.
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3.0 Summary

In summary, the wards are safe and staff are 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.
- Exploration of overseas recruitment has 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 - March 2015

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