

## Board of Directors Item 3

### Board Paper

**Subject:** LHCH Monthly Staffing for Reporting Period April 2015  
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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 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 and Quality, at divisional 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. 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.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto LHCH intranet / internet / NHS Choices for April 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)

	<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>	94%	-6%	Acuity and the occupancy is monitored on a shift by shift basis. The Ward Manager has worked several shifts to cover sickness and all shifts have been safe.
<b>RN Night shifts</b>	97%	-3%	
<b>HCA / AP Day shifts</b>	93%	-7%	
<b>HCA / AP Night shifts</b>	90%	-10%	

#### Birch Ward:

Staff requirements on each shift:

	<b>Early shift</b>	<b>Late shift</b>	<b>Night shift</b>
<b>Monday - Friday</b>	9RN 1AP 4HCA	7RN 1AP 3HCA	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>	91%	-9%	There has been some requirement for patients to be specialised which has seen a slight increase in use of HCAs on the night shift. Where required the Ward Manager has worked on shifts to cover sickness. All shifts have been safe.
<b>RN Night shifts</b>	100%	0%	
<b>HCA / AP Day shifts</b>	90%	-10%	
<b>HCA / AP Night shifts</b>	107%	+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>	110%	+10%	The variance shown is due to AP/RN cover for shifts. Dependency has been low at times which has meant the impact of reduced HCA cover has not been realised. All shifts were reported as safe.
<b>RN Night shifts</b>	100%	0%	
<b>HCA / AP Day shifts</b>	74%	-26%	
<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>	91%	-9%	Where occupancy and acuity has allowed, the Nurse in Charge has also worked on telemetry. Vacancies have gone to advert to recruit registered and non-registered staff. In the interim bank and agency staff have been utilised where appropriate. Some of the variance in the registered and non-registered staff is as a result of the use of an Assistant Practitioner in the area. All shifts are reported as being safe.
<b>RN Night shifts</b>	92%	-8%	
<b>HCA / AP Day shifts</b>	118%	+18%	
<b>HCA / AP Night shifts</b>	73%	-27%	

#### **Cedar Ward**

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	87.3	-12.7	The ward has utilised Assistant Practitioners within this off duty to support the variance for registered nurses. The APs are able to take a team of patients under the guidance of an RN.
<b>RN Night shifts</b>	105.6	+5.6	
<b>HCA / AP Day shifts</b>	127.3	+27.3	
<b>HCA / AP Night shifts</b>	155	+55	

			Bank and agency staff were utilised during this time and staff moved from other areas, where appropriate due to vacancies and sickness. 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.
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### 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>	97.6	-2.4	Acuity has been high on the ward with patients confused with dementia, following strokes and requiring mini-tracheostomy management hence 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.
<b>RN Night shifts</b>	92.2	-7.8	
<b>HCA / AP Day shifts</b>	102.2	+2.2	
<b>HCA / AP Night shifts</b>	133.3	+33.3	

### HDU

Staff requirements on each shift:

	Early shift	Late shift	Night shift
<b>Monday - Friday</b>	2	2	2
<b>Saturday - Sunday</b>	2	2	2

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

### Oak Ward

Staff requirements on each shift:

	Early shift	Late shift	Night shift
<b>Monday - Sunday</b>	4 RN and 2 HCA	4 RN and 2 HCA	2 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>	97.3	-2.7	Bank and agency staff have been utilised to support increased patient acuity caused by confusion and to cover some staff sickness. Staffing has been deemed as safe.
<b>RN Night shifts</b>	100	0	
<b>HCA / AP Day shifts</b>	138.3	+38.3	
<b>HCA / AP Night shifts</b>	111.7	+11.7	

### **Surgical Admissions Unit**

Staff requirements on each shift:

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

	<b>Compliance with planned staffing %</b>	<b>Variance to planned staffing %</b>	<b>Comments/Actions</b>
<b>RN Day shifts</b>	100%	0	Some staff have been 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. Staffing has been deemed as safe for each shift.
<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>	97.3	-2.7	This information is scrutinised on a shift basis and staffing appropriate for patient care. Staffing has been deemed as safe for each shift.
<b>RN Night shifts</b>	110.5	+10.5	
<b>HCA / AP Day shifts</b>	107	+7	
<b>HCA / AP Night shifts</b>	100	0	

### **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 Head of Nurisngs 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 is resulting in higher recruitment numbers to support ward staff and releasing time to care.

#### **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 – April 2015

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