

Board of Directors (Public)

Item 3.1

Board report

Subject: LHCH Monthly Staffing for Reporting Period for October 2015
Date of Meeting: 24th November 2015
Prepared by: Lisa Salter, Divisional Head of Nursing and Quality for Surgery
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Presented by: Sue Pemberton, Director of Nursing and 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.

The wards are reported as safe and staffing is managed appropriately. There is National guidance from several bodies who have stated that staffing should be supported from a multi-disciplinary perspective. LHCH are already undertaking work to trial this.

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 October 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.

October 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
Monday - Friday	2RN1AP 1HCA	2RN 1AP 1AP	2RN 1HCA
Saturday /Sunday	2RN 1HCA	2RN 1HCA	2RN 1HCA

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	94.1	-5.9	The Ward Manager has worked several shifts to cover sickness/ leave and nursing staff from Maple have supported Cherry ward when required. Occupancy has been low for some shifts. A staffing review is being undertaken due to reducing bed numbers. All shifts have been safe.
RN Night shifts	90.3	-9.70	
HCA / AP Day shifts	79.2	-20.8	
HCA / AP Night shifts	100	0	

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	94.6	-5.4	Where required the Ward Manager has worked shifts to cover sickness. Staff have been moved where occupancy and acuity have allowed to support other areas and the ward has had support from other wards on occasions. All shifts have been safe.
RN Night shifts	97.5	-2.5	
HCA / AP Day shifts	93.4	-6.6	
HCA / AP Night shifts	87.1	-12.9	

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	111	+11	The extra RNs have been utilised to support skill-mix requirements. All shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	80.6	-19.4	
HCA/ AP Night shifts	87.1	-12.9	

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	88.3	-11.7	Where required and when occupancy and acuity has allowed, the Nurse in Charge has also monitored the telemetry system. The ward manager has now commenced maternity leave and a new manager has been appointed to cover. The Head of Nursing is supporting the new manager to ensure shifts are safe. Staff have been moved when acuity and dependency have allowed and also the unit has benefited from support from agency and staff from other areas. Extra HCAs have been utilised to support patients that have required 1:1 support due to confusion. This increase of 32% actually equates to small numbers. All shifts are reported as being safe.
RN Night shifts	87.6	-12.4	
HCA / AP Day shifts	132.3	+32.3	
HCA / AP Night shifts	90.3	-9.7	

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
RN Day shifts	86.8	-13.2	The gaps in RN are due to some vacancies and new starters who are awaiting their PIN (hence a HCA increase is noted). Assistant practitioners have been utilised where appropriate and the Ward Manager has worked in the numbers where required. Occupancy has also been reduced. All shifts are reported to be safe.
RN Night shifts	92.7	-7.3	
HCA / AP Day shifts	150.5	+50.5	
HCA / AP Night shifts	69.9	-30.1	

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	95.7	-4.3	The gaps in RN are due to vacancies and new starters who are awaiting their PIN (hence a HCA increase is noted). There has been an increased need to use extra HCA staff to support patients who have had strokes / are paraplegic and require extra support to ensure their safety and wellbeing. All other shifts are reported as safe.
RN Night shifts	100	0	
HCA / AP Day shifts	128.5	+28.5	
HCA / AP Night shifts	90.3	-9.7	

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		HCAs / ICAs have been used to support
RN Night shifts	100		

HCA / AP Day shifts			on an ad hoc basis. This is being reviewed by the Head of Nursing. All shifts are reported as safe.
HCA / AP Night shifts			

Oak Ward

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	92.6	-7.4	The gaps in RN are due to vacancies and new starters who are awaiting their PIN (hence a HCA increase is noted). Staff have been moved appropriately to Oak ward to ensure safe staffing. Staffing has been deemed as safe.
RN Night shifts	76.3	-23.7	
HCA / AP Day shifts	127.7	+27.7	
HCA / AP Night shifts	130.6	+30.6	

Surgical Admissions Unit (now Mulberry Ward)

Staff requirements on each shift:

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

	Compliance with planned staffing %	Variance to planned staffing %	Comments/Actions
RN Day shifts	100	0	Staffing has been deemed 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	96.3	+3.7	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. Staffing has been deemed as safe for each shift.
RN Night shifts	100.8	+0.8	
HCA / AP Day shifts	100	0	
HCA / AP Night shifts	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.

A letter from Monitor, NHS England, CQC, NICE and TDA to Trusts (dated 13th October 2015) has highlighted that safer staffing should be viewed from a multi-disciplinary basis as opposed to nursing alone. This is being considered within LHCH currently and work is underway to trial a new model of multi-disciplinary working from December 2015 on Elm ward involving the therapy teams.

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.
- On-going corporate approach to nursing recruitment is in place.
- A review of recruitment processes is currently underway by the HR Department.

4.0 Recommendations

The Board of Directors are requested to:

- Receive assurance relating 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.

October 2015

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