

Board of Directors (in Public)

Item 2.2

Subject: LHCH Monthly Staffing for Reporting Period for April 2022
Date of meeting: 31st May 2022
Prepared by: Julie Roy, Head of Nursing & Quality for Medicine
 Fiona Altintas, Head of Nursing & Quality for Surgery
 Kirsty Dudley, Critical Care Manager,
Presented by: Sue Pemberton, Executive Director of Nursing, Quality & Safety
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	To provide assurance regarding nurse staffing.

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

At Liverpool Heart & Chest Hospital, we aim to provide excellent, efficient safe care for our patients and populations every day and our nursing staffing levels are continually assessed to ensure that we achieve this. This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid pandemic, which has contributed to increased staffing pressures, experienced across the NHS. Significant effort continues in the recruitment of staff, including successful participation in a Pan-Mersey international recruitment project and further international recruitment through a Cheshire collaborative. Staffing levels are reviewed regularly throughout every day, with senior nurse oversight to ensure safe care is maintained.

The AUKUH is planned to take place in May 2022. The AUKUH is a tool that measures inpatients acuity and/or dependency to inform evidence-based decision making on staffing and workforce plans. On completion a full paper will be presented.

2. Background

In line with the recommendations detailed in 'Hard Truths – The Journey to Putting Patients First' (Department of Health, 2014), LHCH publishes staffing levels monthly on the Trust's internet and to UNIFY.

The National Quality Board (NQB) publication Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable, and productive staffing (2016) outlines the expectations and framework within which decisions on safe and sustainable staffing should be made to support the delivery of safe, effective, caring, responsive and well-led care on a sustainable basis. It builds on National Institute for Health and Care Excellence (NICE) guidelines on safe staffing for nursing in adult inpatient wards and is informed by NICE's comprehensive evidence reviews of research, and subsequent evidence reviews focusing specifically on staffing levels and outcomes, flexible staffing, and shift work.

The purpose of this report is to provide detail of the care hours per patient day (CHPPD) delivered to inpatient areas in LHCH. It will also detail, exceptions to planned staffing levels for the month of April 2022 and the impact on nurse sensitive indicators.

This report details planned and actual nurse staffing levels for the month of April 2022, including any red flag concerns.

3.1. Vacancy Data

All RN vacancies across the Trust are reviewed regularly by the Director of Nursing with the senior nursing team. The Trust's recruitment lead within HR continues to work closely with the senior nursing team, to ensure oversight of all Trust vacancies and recruitment progress against each. This information is validated by the senior nursing team to ensure accurate vacancy reporting data. The number of vacancies has been relatively static this month following the large reduction the previous month. However, there is predicted further reductions with the recruited student nurses starting and further international nurses arriving later in the year.

Table 1-Vacancy data April 2022 (all bands)

	April -22	
Unit	RN WTE	HCA WTE
Acute Cardiac Unit	3.35	-3.06
Birch Ward	3.61	0.84
Cath Lab	-0.63	0
Cedar Ward	2.68	0.65
Cherry Ward	0.3	0.4
Holly Suite	-0.48	-0.2
Maple Suite	-0.38	-2.81
Oak Ward	-0.39	3.15
Outpatients	0.69	0
Rowan Suite	-1.05	-0.99
SICU Clinical Roster	3.68	0.55
Theatres	11.7	0.05
Total WTE Unavailable	23.08	-1.42

All 2021/22 cohorts of International Nurses have successfully completed their OSCE training, and all passed the OSCE exam and are now registered with the NMC. These staff are now working in band 5 positions and have proved invaluable support to the clinical teams. The 2022/23 first cohort have arrived and are commencing OSCE training, with further cohorts arriving later in the year.

The staffing numbers on the wards are improving and feedback is extremely positive, although recognition that the skill mix due to the large numbers of international nurses will take some time to improve.

Considering the current rate of band 5 turnover and the information regarding recruitment challenges nationally, further international recruitment in 2022 has been approved and interviews took place during February 2022. A significant proportion of the international nurses already recruited have critical care skills and the critical care manager is developing a plan to ensure that they can rotate into the unit to maintain their clinical skills and to be ready to support the area, if necessary, in the future. In April 2022 an internal recruitment campaign allowed for international nurses with a critical care background to be successfully appointed to substantive roles in critical care.

The successful virtual recruitment event that was held at LHCH in January, will further support safe staffing, with a further 25 nurses appointed, starting later in the year.

3.2 Sickness Absence

During April 2022, clinical areas continue to experience higher than Trust target sickness absence, but with reducing covid related sickness absence and active management, a downward trend from previous months can be demonstrated.

Table 2- sickness absence data

	April 2022	
Unit	RN WTE	HCA WTE
Acute Cardiac Unit	3.15	1.42
Birch Ward	4.35	3.08
Cath Lab	1.98	1.09
Cedar Ward	4.29	2.96
Cherry Ward	0.58	0.71
Holly Suite	0.75	0.32
Maple Suite	0.25	2.29
Oak Ward	1.99	0.79
Outpatients		2.63
Rowan Suite	0.83	0.50
SICU Clinical Roster	12.38	3.12
Theatres	6.89	0.92
Total WTE Unavailable	37.44	19.84

There is a continued Trust focus on sickness absence management with support for staff in terms of wellbeing conversations with line managers and additional provision, to support mental health wellbeing across the Trust. Divisional leads are working closely with HR business partners and managers to review all sickness absence, and several long-term sickness cases have resulted in support to return to work. In April 2022, the Trust saw a decrease in sickness across the wards and departments. The Trust continues to follow national guidance in relation to covid isolation and contact testing to support covid close contact staff back into work. At the start of April 2022, we had 87 positive staff absent, however by the end of April this had reduced to 31 positive staff.

3.3. Temporary Staffing

The temporary staffing team are actively recruiting to the LHCH nurse bank to support where required. Temporary staffing has been utilised during April 2022 within critical care and catheter lab recovery, when required to cover unfilled vacancies.

The senior nursing team, alongside the HR and Finance teams are developing a bank and agency trajectory to demonstrate the reduction in bank/agency shifts, as the number of international and non-international recruits leave their supernumerary status and are included in the rostered staffing numbers. This will be monitored through Operational Board as part of the monthly divisional update.

3.4. Exceptions

All planned staffing for nursing in LHCH is assessed as required for the ward to run at full capacity, if capacity is reduced then the planned staffing changes accordingly.

In April 2022:

- There were no red flags on Cedar, Rowan, and Maple wards but one red flag declared on Oak where a staff member had to be moved to another area due to last minute sickness absence, which resulted in a challenging shift. There was one staffing incident reported for Maple ward, where again a HCA had to be moved due to last minute sickness. No harm to any patients identified.
- There were no red flags reported for Birch, ACU, CCU or Cherry wards and no staffing related incidents were reported via the datix system for these areas in April 2022 with regard to staffing levels.
- There is continued pressure within the anaesthetic nursing/ OPD team across both Cath lab and theatres, which is being managed utilising temporary staffing, ensuring cross-divisional flexibility and with a longer-term plan to be presented at Operational Board in May 2022. Recruitment to this team has had limited success and alternative strategies for support are being explored.
- There was one nurse staffing incident reported via the Datix reporting system for April 2022 as described above. There were two further staffing incidents reported, both in regard to radiology staffing.

4. Summary

This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid pandemic which has contributed to increased staffing pressures, experienced across the NHS. As reported by the Institute for Public Policy Research (IPPR, 2021) 29% of nurses and midwives report that they are more likely to leave the sector than 1 year ago, and as such retention of current staff and recruitment of future staff remains a Trust priority.

Recent national press coverage has highlighted a national nursing 'crisis', impacted particularly by a significant reduction in recruitment from Europe. LHCH has experienced significant nurse staffing challenges but has taken robust action to avert a staffing crisis. A successful international recruitment programme is supporting plans to stabilise the staffing position across the clinical areas.

A nursing recruitment lead commenced in the role in March 2022 for a period of 12 months to support the Head of Nursing staffing lead & HR team with nursing recruitment and retention

plans and to support the international nursing recruitment process. Initial feedback from this role has been extremely positive.

Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This can result in an increasing number of staff moves to manage risk and to provide additional support for areas where acuity of patients is higher. It is recognised that this can have a negative impact on staff morale at times. The ward manager weekend rota continues with a ward manager working each weekend to support the hospital co-ordinator, in ensuring safe staffing across all areas and keeping in close contact with the duty on-call manager for the Trust.

5. Recommendations

The Board of Directors are asked 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 are 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.
- Receive the 'care hours per patient day' (CHPPD) data.
- Receive assurance that the review of ward establishments and models of care for each inpatient area has been completed and is being reviewed in 2022, in accordance with covid recovery and escalation plans.
- Receive assurance that a robust recruitment plan continues, including an extended overseas recruitment plan.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates and apprentices continue to be implemented.
- Receive assurance that alternative temporary staffing options are being explored.
- Receive assurance that staffing escalation plans are in place to be enacted when significant staffing pressures are seen during the covid pandemic.

Appendix 1

Introduction to Care Hours per patient Day (CHPPD)

One of the obstacles to eliminating unwarranted variation in nursing and care staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously have informed the evidence base for staffing models, – such as reporting staff complements using WTEs, skill-mix or patient to staff ratios at a point in time, but it is recognised by Nurse leaders may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward nor comparable between organisations.

To provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units we developed, tested, and adopted Care Hours per Patient Day (CHPPD).

- CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight)
- CHPPD reports split out registered nurses, registered & unregistered nurse associates and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)

CHPPD for March 2022

Care Hours Per Patient Day (CHPPD)							Day				Night			
Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
8.4	3.4	0.0	0.4	0.0	0.0	12.2	91%	93%	-	96%	95%	108%	-	-
BIRCH	3.5	2.6	0.0	0.3	0.0	6.3	88%	108%	-	47%	99%	74%	-	-
ACU	6.2	3.9	0.0	0.0	0.0	10.1	80%	91%	-	-	101%	76%	-	-
CHERRY	6.7	3.3	0.0	0.1	0.0	10.1	93%	95%	-	-	85%	71%	-	-
CRITICAL CARE	26.8	3.8	0.0	0.0	0.0	30.5	101%	76%	-	-	100%	82927%	-	-
OAK	3.8	3.8	0.0	0.8	0.0	8.4	90%	96%	-	60%	78%	98%	-	-
CEDAR	4.3	3.9	0.0	0.3	0.0	8.5	82%	97%	-	100%	84%	110%	-	-
MAPLE	4.7	2.3	0.0	2.2	0.0	9.3	94%	97%	-	144%	95%	87%	-	-
ROWAN	5.6	2.6	0.0	0.1	0.0	8.2	83%	90%	-	-	90%	61%	-	-
CCU	15.5	3.2	0.0	0.6	0.0	19.3	77%	95%	-	-	87%	71%	-	-