

Board of Directors (in Public)

Item 2.2

Subject: LHCH Monthly Staffing for Reporting Period for August 2022
Date of meeting: 27th September 2022
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) <i>To be used when the content of the report provides evidence of assurance</i>					
<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 experienced an increase in staff absence during the covid pandemic exacerbated by a recent rise in covid infections, which has contributed to increased staffing pressure. 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 (Association of UK University Hospitals) Safer Nursing Care Tool has taken place in May 2022 and a paper will be presented at People committee in September 2022. This is an evidenced based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patients' needs in acuity/dependency terms. It allows for evidenced based decision making when delivering workforce plans, to support existing services or the development of new services. The annual paper provides assurance that nursing establishments in all clinical areas within the Trust and community are in place, and are reflective of patients' dependency and that their care needs are met. This review is completed and aligned to the quality indicators for each ward/unit ensuring a continued overview of safe staffing within the clinical areas and community.

This paper provides assurance on the nurse staffing levels for August 2022.

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 August 2022, and the impact on nurse sensitive indicators. This report details planned and actual nurse staffing levels for the month of August 2022, including any red flag concerns.

3.1. Vacancy Data

All Registered Nurse 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. Table 1 demonstrates that in July we had a small reduction in vacancies from the previous month, with 4.59 WTE RN vacancies and within the healthcare workforce there was an over establishment of 2.54 WTE

Table 1-Vacancy data August 2022 (all bands)

	August -22	
Unit	RN WTE	HCA WTE
Acute Cardiac Unit	1.31	0.89
Birch Ward	2.17	2.25
Cath Lab	-3.3	-3.3
CCU	6.05	-0.43
Cedar Ward	-0.3	1.1
Cherry Ward	-0.7	0.2
Holly Suite	0.2	1.08
Maple Suite	-3.3	-0.18
Oak Ward	-1.7	0.3
Outpatients	0.69	0
Rowan Suite	-1.3	-3.46
SICU Clinical Roster	0.17	-0.45
Theatres	4.6	0.09
Total WTE Vacancies	4.59	2.54 over established

The 2022/23 first cohort of international nurses 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 with the large numbers of international nurses the skill mix and experience will take some time to improve.

The successful virtual recruitment event that was held at LHCH in January 2022, will further support safe staffing, with a further 25 nurses appointed, starting later in the year. LHCH hosted its first face to face recruitment day since COVID, on Saturday 25th June, with 26 Registered Nurses appointed, 16 starting in post in September 2022. A theatre open day is planned in September to support the specialised and difficult to recruit to posts, for example operating department practitioners and anaesthetic nurses. Further Trust recruitment events are planned for November 2022.

3.2 Sickness Absence

During August 2022, clinical areas continue to experience sickness absence higher than the Trust target, however there was a positive decrease in both general and covid related sickness absence. Registered nurse sickness absence reduced from 41.79 WTE in July to 27.30 WTE in August. The HCA sickness absence did not decrease with the same significance but is on a downward trend. The sickness absence figures are demonstrated in table 2 below.

Table 2- sickness absence data

	August 2022	
Unit	RN WTE	HCA WTE
Acute Cardiac Unit	1.84	2.68
Birch Ward	1.91	3.42
Cath Lab	0.40	1.39
CCU	2.83	0.23
Cedar Ward	4.50	3.84
Cherry Ward	1.48	1.50
Holly Suite	0.44	0.16
Maple Suite	0.70	1.06
Oak Ward	2.36	1.19
Outpatients	0.14	0.78
Rowan Suite	0.39	0.29
SICU Clinical Roster	4.74	2.99
Theatres	5.58	1.04
Total WTE Unavailable	27.30	20.57

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, with several long-term sickness cases resulting in support to return to work. In August 2022, we did see a reduction in RN sickness across all the wards and departments from the previous month. HCA sickness demonstrated a small reduction.

3.3. Temporary Staffing

The temporary staffing team are actively recruiting to the LHCH nurse bank to support during this time. Agency staffing has been utilised during August 2022 within critical care and within the catheter lab/theatre departments covering ODP/anaesthetic 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 wards to run at full capacity. If capacity is reduced, then the planned staffing changes accordingly. In August 2022:

- There were no red flags on Cedar, Rowan, and Maple or Oak ward.
- There were no red flags reported for Birch, ACU, CCU or Cherry wards.
- There is continued pressure within the anaesthetic nursing/ ODP team across both Cath lab and theatres, which is being managed utilising temporary staffing, ensuring cross-divisional flexibility. Recruitment to this team has had limited success and alternative strategies for support are being explored. Recent leavers from the workforce have meant that this pressure remains a risk and is on the divisional risk registers. Anaesthetic/ODP workforce is a national challenge and is not just specific to the Trust.
- There were three incidents in respect of staffing reported via the Datix reporting system for August 2022. One reported for theatre regarding availability of portering staff, one reported for Cedar ward when a bank staff cancelled at the start of the shift, No harm was identified. The third incident was regarding the outpatient's Echo department and the number of studies requested; no harm was identified.

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 for staffing lead and the 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 August 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 (%)
	9.1	3.4	0.0	0.4	0.0	0.0	12.9	92%	87%	-	132%	92%	93%	-	-
BIRCH	4.3	2.7	0.0	0.2	0.0	0.0	7.2	82%	79%	-	-	98%	110%	-	-
ACU	5.0	4.6	0.0	0.0	0.0	0.0	9.6	94%	109%	-	-	98%	150%	-	-
CHERRY	5.7	2.6	0.0	1.2	0.0	0.0	9.4	95%	85%	-	-	95%	87%	-	-
CRITICAL CARE	27.3	3.5	0.0	0.0	0.0	0.0	30.8	102%	71%	-	-	98%	82%	-	-
OAK	4.3	4.4	0.0	1.2	0.0	0.0	9.9	88%	91%	-	92%	77%	77%	-	-
CEDAR	4.3	3.7	0.0	0.4	0.0	0.0	8.4	80%	90%	-	107%	80%	97%	-	-
MAPLE	5.4	2.4	0.0	0.9	0.0	0.0	8.7	100%	92%	-	55%	98%	77%	-	-
ROWAN	6.3	3.2	0.0	0.2	0.0	0.0	9.7	84%	87%	-	-	82%	81%	-	-
CCU	21.4	3.0	0.0	0.7	0.0	0.0	25.0	81%	92%	-	-	84%	63%	-	-