Liverpool Heart and Chest Hospital NHS

NHS Foundation Trust

Board of Directors (Public)
Item 2.3*

Subject: **LHCH Monthly Staffing for Reporting Period for December 2018**
Date of meeting   **5th March 2019**
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Presented by: **Sue Pemberton, Executive Director of Nursing & Quality**
Purpose of Report   **For Noting**

BAF Ref	1.1, 1.2
Impact on BAF	None

1. Executive Summary

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 need to consider the wider multidisciplinary team when looking at the size and composition of staff for any setting is highlighted as important within these documents.

The nursing establishment is defined as the number of registered nurses and healthcare assistants who work in a particular ward, department or team. Decision-making to ensure safe and sustainable staffing must follow a clear and logical process that takes account of the wider multidisciplinary team. Although registered nurses and healthcare assistants (HCAs) provide a significant proportion of direct care, other groups to consider include:

- Medical staff
- AHPs
- Pharmacists
- Advanced clinical practitioners
- Volunteers

The Model Hospital dashboard makes it possible to compare with peers using CHPPD and the Trust is awaiting this to be populated fully to allow for benchmarking. Finding peers that are close comparators is important as aspects such as patient acuity, dependency, turnover and ward support staff will differ While NICE guidance identified evidence of "increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shifts", it

clearly stated there is "no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards". NHSI state that they have found no new evidence to inform a change to this statement (NHS Improvement Evidence Review One 2016). This report details planned and actual nurse staffing levels for the month of September 2018, including any red flag concerns. All shifts were reported as safe during the month.

2. 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 December 2018;

- Oak ward occupancy lowered over the Christmas period and staffing requirements were adjusted on a shift by shift basis. For 7 days the ward was closed and staff utilised in other areas throughout the trust. There were some areas of increased HCA requirements due to patient acuity and enhanced care needs.
- High Acuity on CCU on 1 x night due to sickness. The team worked flexibly to ensure patients were safe.
- Occupancy on HDU remains low and staffing levels have been reduced to reflect this. Some shifts did not require HCA support as a result.

3.   Summary

All shifts have been reported as safe. Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This does, however, result in staff moves on occasion to manage risk and to provide additional support for areas where acuity of patients is higher.

4.   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 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

Appendix 3
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 and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)

Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Day RN Total monthly planned	Day RN Total monthly actual staff	Day Care Total monthly planned	Day Care Total monthly actual staff	Night RN Total monthly planned	Night RN Total monthly actual staff	Night Care Total monthly planned	Night Care Total monthly actual staff	Day Avg fill rate - registered nurses/midwives (%)	Day Avg fill rate - care staff (%)	Night Avg fill rate - registered nurses/midwives (%)	Night Avg fill rate - care staff (%)	Cumulative count over the month of patients at 23:59	Registered midwives/ nurses	Care Staff	Overall
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Cedar	170 - CARDIOTHORACIC SURGERY		2790	2607	1627.5	1995	1162.5	1031.25	871.875	937.5	93.4%	122.6%	88.7%	107.5%	846	4.3	3.5	7.8
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Elm	170 - CARDIOTHORACIC SURGERY		1860	1775	1162.5	1365	871.875	750	581.875	571.875	95.4%	117.4%	86.0%	98.3%	541	4.7	3.6	8.2
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Oak	170 - CARDIOTHORACIC SURGERY		1080	952.5	1260	1185	675	496.875	675	628.125	88.2%	94.0%	73.6%	93.1%	333	4.4	5.4	9.8
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	12300	12502.5	1395	1522.5	8237	8706	1323	1163	101.6%	109.1%	105.7%	87.9%	753	28.2	3.6	31.7
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	337.5	337.5	135	135	202.73	202.73	85.36	85.36	100.0%	100.0%	100.0%	100.0%	37	14.6	6.0	20.6
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	2760	2250	1875	1125	1125	562.5	543.75	87.6%	83.3%	100.0%	96.7%	1028	3.8	2.4	6.1
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	832.5	930	427.5	581.25	487.5	290.63	262.5	89.5%	46.0%	83.9%	90.3%	241	5.5	2.9	8.3
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	900	697.5	592.5	581.25	543.75	290.63	281.25	96.8%	84.9%	93.5%	96.8%	278	5.2	3.1	8.3
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	CCU	320 - CARDIOLOGY		3022.5	2872.5	697.5	652.5	2034.375	1903.125	290.625	234.375	95.0%	93.5%	93.5%	80.6%	247	19.3	3.6	22.9