Board of Directors (Public)

Item 2.3*

Subject: **LHCH Monthly Staffing for Reporting Period for October 2018**
Date of meeting **8th January 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	N/A

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 October 2018;

- There were 4 shifts on Oak where the RN did not meet planned staffing, however bed occupancy was lowered and additional AP were allocated to these shifts, so all shifts were safe. There were some areas of increased HCA requirements due to patient acuity and enhanced care needs.
- No concerns to report in medicine
- Occupancy within HDU is variable this is too due to critical care capacity being able to accommodate level 2 patients who may have gone to HDU, 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)

Only complete sites your organisation is accountable for			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Cedar	170 - CARDIOTHORACIC		2790	2549.5	1627.5	2077.5	1159.5	1143.75	871.875	1021.85	91.4%	127.6%	98.6%	117.2%	857	4.3	3.6	7.9
Elm	170 - CARDIOTHORACIC		1860	1860	1162.5	1470	871.875	871.875	581.25	656.25	100.0%	126.5%	100.0%	112.9%	531	5.1	4.0	9.1
Oak	170 - CARDIOTHORACIC		1395	1282.5	1391	1717.5	871.875	721.875	581.25	693.75	91.9%	123.5%	82.8%	119.4%	509	3.9	4.7	8.7
Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC	12817	13035	1627	1642	9176	9261	1323	1226	101.7%	100.9%	100.9%	92.7%	805	27.7	3.6	31.3
HDU	170 - CARDIOTHORACIC	192 - CRITICAL CARE MEDICINE	360	360	37.5	37.5	234.7	234.7	74.69	74.69	100.0%	100.0%	100.0%	100.0%	32	18.6	3.5	22.1
Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	2767.5	2250	1822.5	1125	1125	562.5	600	87.9%	81.0%	100.0%	106.7%	1136	3.4	2.1	5.6
Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	900	930	487.5	581.25	581.25	290.625	281.25	96.8%	52.4%	100.0%	96.8%	258	5.7	3.0	8.7
Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1162.5	915	697.5	600	581.25	571.875	290.625	290.625	78.7%	86.0%	98.4%	100.0%	301	4.9	3.0	7.9
CCU	320 - CARDIOLOGY		3022.5	3030	690	645	2034.375	1903.125	290.625	290.625	100.2%	93.5%	93.5%	100.0%	257	19.2	3.6	22.8

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