Board of Directors (Public)
Item 2.3*

Subject:	**LHCH Monthly Staffing for Reporting Period for March 2019**
Date of meeting:	**30th April 2019**
Prepared by:	**Fiona Altintas, Divisional Head of Nursing & Quality for Surgery**
	Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,
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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 actively reviewing this information to understand how it can be used in determining staffing establishments. 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 March 2019, 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 March 2019;

- Cedar and Elm ward bed occupancy was lower during March and as such, registered nurse staffing lowered accordingly. There were some areas of increased Health care assistant (HCA) requirements due to patient acuity and enhanced care needs.
- Critical Care occupancy was also lower during March as a result of reduced activity within the surgical division. It also allowed for HDU to not be used at all during the month. As a result RN usage was lower over the month but slightly over on some shifts. HCA usage was below recommendations but was offset against overall staffing levels.
- Staff sickness impacted on staffing levels on Maple suite, Cherry ward and CCU but the areas were safe and the cross-divisional teams worked flexibly and appropriately to support patient care.
- CCU has reported 1 red flag due to staffing on an early shift. This was due to a combination of staff sickness and high acuity on the unit. There was a delay in delivering medications and a delayed transfer from Cath Lab – no harm to patients. The team worked flexibly as required and the shift was reported as challenging but safe.

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 Reg. Total monthly planned	Day Reg. Total monthly actual staff	Day Care Total monthly planned	Day Care Total monthly actual staff	Night Reg. Total monthly planned	Night Reg. 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 (%)	CHPPD Cumulative count over the month of patients at 23:59	CHPPD Registered midwives/nurses	CHPPD Care Staff	CHPPD Overall
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Cedar	170 - CARDIOTHORACIC SURGERY		2790	2040	1627.5	1627.5	1162.5	918	871	909.38	73.1%	100.0%	79.0%	104.4%	661	4.5	3.8	8.3
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Elm	170 - CARDIOTHORACIC SURGERY		1860	1635	1162.5	1440	871	834.375	581.25	684.38	87.9%	123.9%	95.8%	117.7%	515	4.8	4.1	8.9
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Oak	170 - CARDIOTHORACIC SURGERY		1395	1327.5	1860	1665	871.88	759.375	581.25	611.38	95.2%	89.5%	87.1%	105.2%	532	3.9	4.3	8.2
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	11475	11775	1627.5	1455	8023.8	8173	992.3	1120	102.6%	89.4%	101.9%	112.9%	694	28.7	3.7	32.5
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	0	0	0	0	0	0	0	0	-	-	-	-	0	-	-	-
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	3150	2632.5	2250	1680	1125	1096.88	562.5	562.5	83.6%	74.7%	97.5%	100.0%	1008	3.7	2.2	5.9
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	795	930	510	581.25	496.875	290.625	253.125	85.5%	54.8%	85.5%	87.1%	272	4.7	2.8	7.6
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	900	832.5	675	600	562.5	534.375	281.25	281.25	92.5%	88.9%	95.0%	100.0%	278	4.9	3.2	8.1
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	CCU	320 - CARDIOLOGY		3022.5	2865	697.5	540	2034.375	1856.25	290.625	271.875	94.8%	77.4%	91.2%	93.5%	220	21.5	3.7	25.2