# Board of Directors (Public)
**Item**

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| **Subject:** | **LHCH Monthly Staffing for Reporting Period for October 2019** |
| **Date of meeting** | **26th November 2019** |
| **Prepared by:** | **Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,** |
| | **Julie Roy, Interim Divisional Head of Nursing & Quality for Surgery** |
| | **Karen Wafer, Divisional Head of Nursing & Quality for Medicine** |
| **Presented by:** | **Sue Pemberton, Executive Director of Nursing & Operations** |
| **Purpose of Report** | **For Noting** |

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| **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, registered nursing associates, assistant practitioners 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, registered nurse associates 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 care hours per patient day (CHPPD). 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 states that 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 October 2019, including any red flag concerns. All shifts were reported as safe during the month.

A full review of vacancies/sickness/maternity leave has been completed and the Trust is carrying a higher number of registered nursing vacancies than previously with 28 vacancies currently (including 11 in theatres, some currently on hold).  A review of workforce models has been undertaken to understand how we can utilise the registered nurse associate role more widely across the Trust and our plans for apprenticeships in nursing.  An improved focus on recruitment has been discussed and is now planned with external support which will commence January 2020. We also need to improve our retention of registered nurses - this is work that is underway being led by HR.  A recruitment campaign is currently being planned for January 2020 and the Trust's nursing lead for recruitment is actively engaging with local universities and their respective recruitment days.

## 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 2019;

- There were no red flags on Cedar, Oak and Elm wards. Across the surgical wards, staffing was reduced appropriately due to reduced bed occupancy at times. Cross divisional staff movement ensured that all shifts were reported as safe.
- Oak ward faces some challenges with skill mix and is being supported by the Aspen ward manager to provide leadership and senior RN support to the ward.
- There were some shifts on Cherry and Maple wards with only 1 RN; however all of these shifts were supported by an RN working flexibly across both areas, or by an experienced Assistant Practitioner. No red flags were reported and all shifts were reported as safe.
- Rowan Suite was closed on three occasions in October. Staff supported areas across the divisions as required and staffing was allocated according to the level of both private and NHS patient activity
- HDU was open for 7 days in October

## 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 and as a result of the increased vacancies for registered nurses the movement of staff has increased.  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.

## 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
- Receive assurance that there is renewed focus on our recruitment and retention on registered nurses.

# 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)

| Hospital Site Details | | Ward name | Main 2 Specialties on each ward | | Day | | | | | | | | Night | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Registered Nurses/Midwives | | Non-registered Nurses/Midwives (Care Staff) | | Registered Nursing Associates | | Non-registered Nursing Associates | | Registered Nurses/Midwives | | Non-registered Nurses/Midwives (Care Staff) | | Registered Nursing Associates | | Non-registered Nursing Associates | |
| Site code *The Site code is automatically populated when a Site name is selected | Hospital Site name | Ward name | 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 | 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 |
| RBQHQ | LIVERPOOL HEART AND CHEST HOSPI | Cedar | 170 - CARDIOTHORACIC | | 2790 | 2272.5 | 1627.5 | 1537.5 | 0 | 0 | 277.5 | 277.5 | 1162.5 | 1096.88 | 871.875 | 853.125 | 0 | 0 | 112.5 | 112.5 |
| RBQHQ | LIVERPOOL HEART AND CHEST HOSPI | Elm | 170 - CARDIOTHORACIC | | 1860 | 1470 | 1162.5 | 1132.5 | 150 | 150 | 150 | 157.5 | 871.875 | 796.815 | 581.25 | 609.375 | 0 | 0 | 0 | 28.125 |
| RBQHQ | LIVERPOOL HEART AND CHEST HOSPI | Oak | 170 - CARDIOTHORACIC | | 1395 | 1290 | 1395 | 1260 | 0 | 0 | 465 | 255 | 871.875 | 656.25 | 581.25 | 590.635 | 0 | 0 | 0 | 112.5 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Critical Care | 192 - CRITICAL CARE MEDICINE | 170 - CARDIOTHORACIC SURGERY | 13162.5 | 13177.5 | 1627 | 1642 | 0 | 0 | 0 | 0 | 9336.25 | 9346.92 | 1323 | 1248 | 0 | 0 | 0 | 0 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | HDU | 170 - CARDIOTHORACIC SURGERY | 192 - CRITICAL CARE MEDICINE | 210 | 210 | 45 | 45 | 0 | 0 | 0 | 0 | 128.04 | 128.04 | 42.68 | 42.68 | 0 | 0 | 0 | 0 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Birch | 320 - CARDIOLOGY | 340 - RESPIRATORY MEDICINE | 2250 | 2272.5 | 1800 | 1440 | 0 | 0 | 450 | 375 | 1125 | 1068.75 | 562.5 | 525 | 0 | 0 | 0 | 9.375 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Cherry | 340 - RESPIRATORY MEDICINE | 300 - GENERAL MEDICINE | 930 | 847.5 | 465 | 427.5 | 0 | 0 | 0 | 15 | 581.25 | 534.375 | 290.625 | 290.625 | 0 | 0 | 0 | 0 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Maple | 340 - RESPIRATORY MEDICINE | 300 - GENERAL MEDICINE | 930 | 847.5 | 240 | 187.5 | 225 | 225 | 457.5 | 337.5 | 581.25 | 562.5 | 290.63 | 243.75 | 0 | 0 | 0 | 0 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | CCU | 320 - CARDIOLOGY | | 3022.5 | 2887.5 | 465 | 442.5 | 0 | 0 | 232.5 | 157.5 | 2034.375 | 1800 | 290.625 | 262.5 | 0 | 0 | 0 | 0 |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Rowan | 320 - CARDIOLOGY | | 930 | 727.5 | 465 | 420 | 0 | 0 | 0 | 15 | 581.25 | 403.125 | 290.625 | 196.875 | 0 | 0 | 0 | 0 |

| Hospital Site Details | | Ward name | Main 2 Specialties on each ward | | Cumulative count over the month of patients at 23:59 each day | Care Hours Per Patient Day (CHPPD) | | | | | | | Day | | | | Night | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Site code "The Site code is automatically populated when a Site name is selected | Hospital Site name | | Specialty 1 | Specialty 2 | | 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 | Average fill rate - Registered Nursing Associates (%) | Average fill rate - Non-Registered Nursing Associates (%) |
| RBQHQ | LIVERPOOL HEART AND CHEST HOSPI | Cedar | 170 - CARDIOTHORACIC | | 831 | 4.1 | 2.9 | 0.0 | 0.5 | 0.0 | 0.0 | 7.4 | 81.5% | 94.5% | - | 100.0% | 94.4% | 97.8% | - | 100.0% |
| RBQHQ | LIVERPOOL HEART AND CHEST HOSPI | Elm | 170 - CARDIOTHORACIC | | 504 | 4.5 | 3.5 | 0.3 | 0.4 | 0.0 | 0.0 | 8.6 | 79.0% | 97.4% | 100.0% | 105.0% | 91.4% | 104.8% | - | - |
| RBQHQ | LIVERPOOL HEART AND CHEST HOSPI | Oak | 170 - CARDIOTHORACIC | | 479 | 4.1 | 3.9 | 0.0 | 0.8 | 0.0 | 0.0 | 8.7 | 92.5% | 90.3% | - | 54.8% | 75.3% | 101.6% | - | - |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Critical Care | 192 - CRITICAL CARE MEDICINE | 170 - CARDIOTHORACIC SURGERY | 804 | 28.0 | 3.6 | 0.0 | 0.0 | 0.0 | 0.0 | 31.6 | 100.1% | 100.9% | - | - | 100.1% | 94.3% | - | - |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | HDU | 170 - CARDIOTHORACIC SURGERY | 192 - CRITICAL CARE MEDICINE | 18 | 18.8 | 4.9 | 0.0 | 0.0 | 0.0 | 0.0 | 23.7 | 100.0% | 100.0% | - | - | 100.0% | 100.0% | - | - |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Birch | 320 - CARDIOLOGY | 340 - RESPIRATORY MEDICINE | 928 | 3.6 | 2.1 | 0.0 | 0.4 | 0.0 | 0.0 | 6.1 | 101.0% | 80.0% | - | 83.3% | 95.0% | 93.3% | - | - |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Cherry | 340 - RESPIRATORY MEDICINE | 300 - GENERAL MEDICINE | 299 | 4.6 | 2.4 | 0.0 | 0.1 | 0.0 | 0.0 | 7.1 | 91.1% | 91.9% | - | - | 91.9% | 100.0% | - | - |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | Maple | 340 - RESPIRATORY MEDICINE | 300 - GENERAL MEDICINE | 317 | 4.4 | 1.4 | 0.7 | 1.1 | 0.0 | 0.0 | 7.6 | 91.1% | 78.1% | 100.0% | 73.8% | 96.8% | 83.4% | - | - |
| RBQHQ | DL HEART AND CHEST HOSPITAL NHS | CCU | 320 - CARDIOLOGY | | 228 | 20.6 | 3.1 | 0.0 | 0.7 | 0.0 | 0.0 | 24.3 | 95.5% | 95.2% | - | 67.7% | 88.5% | 90.3% | - | - |
| RBQHQ | | Rowan | 320 - CARDIOLOGY | | 117 | 9.7 | 5.3 | 0.0 | 0.1 | 0.0 | 0.0 | 15.1 | 78.2% | 90.3% | - | - | 69.4% | 67.7% | - | - |