Board of Directors (Public)
Item

Subject: LHCH Monthly Staffing for Reporting Period for July 2020
Date of meeting 29th September 2020
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Presented by: Sue Pemberton, Executive Director of Nursing & Operations
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, 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 July 2020, including any red flag concerns. All shifts were reported as safe during this month.

In response to the Covid 19 pandemic recovery work, a review of the Trust's bed base continues. This is essential to respond to the predicted number of beds required to safely achieve increased activity levels in both the surgery and medicine divisions. This also takes into account the altered patient pathways, in particular an increased pre-operative length of stay. The newly named POCCU 3 10 bedded area remains available for Covid positive patients and is staffed flexibly by the critical care team. The Birch bed base has safely increased to 40 beds in order to accommodate the increasing elective cardiology activity. Oak ward continues to be utilised for pre-operative patients. Cedar ward remains a post-operative ward for both cardiac and thoracic patients and Maple Suite is currently utilised as a post–operative ward.
All CF patients have safely been cared for within Cherry ward (with its negative pressure rooms).

The Trust has continued to be supported by 40 student nurses who opted into employment during this time. These 2nd and 3rd students have been deployed across all 3 divisions working in band 3 and 4 roles supporting the nursing teams. A recruitment process has been undertaken and 16 of the 3rd year students will transition into vacant RN posts across all divisions in August and a number of the 2nd year students have successfully gained posts within the Trust for when the qualify in the future.

As activity and patient pathways have changed, the nursing teams have had to work incredibly flexibly and adapt to change across all areas.

A review of nursing establishments across all ward areas is currently being undertaken to enable stable staffing models and to ensure the right staff are in the right place at the right time. There is a focus on recruitment of Registered Nurses with experience in order to try and improve the skill mix issues across some of our areas.

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 July 2020;

- There were no red flags on Cedar, Oak and Maple wards. Cross divisional staff movement ensured that all shifts were reported as safe.
- Aspen Suite has closed as same day admission is not possible and this has released RN support to inpatient areas. Aspen Suite continues to be utilised to create extra outpatient department capacity.
- Rowan Suite has been closed since May 2020 to enable structural work to be undertaken and the nursing team have been redeployed to other wards.
- There were no red flags on Birch, Cherry and Elm wards in July 2020.
- A number of shifts on Elm ward have been reported as challenging by staff due to skill mix issues, however no patient safety incidents have been reported. The divisional matron works closely with the team to ensure appropriate levels of CCU trained staff are available for each shift. The CCU education lead continues to focus training for junior CCU staff and also staff redeployed from other areas to support the team on Elm ward. Elm is also supported by surgical registered nurses whilst the surgical telemetry patients are cared for there.
- HDU has now closed and the beds have been incorporated within the Cedar ward bed base.
- Critical Care continues to staff 32 beds but currently across 4 areas as POCCU 3 (previously CCU) remains the designated Covid positive area for the Trust.

3. Summary

This continues to be a challenging period of time for all staff who have adapted and worked flexibly through significant uncertainty. Ward changes and therefore staffing requirements have been reviewed and amended regularly by the Trust's senior nursing team.

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. 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 a review of support for the clinical areas out of hours is currently being undertaken.

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 the review of ward establishments and models of care for each inpatient area is near completion.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates continue to be explored.

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 July

Ward name	Specialty 1	Specialty 2	Day Reg N/M planned	Day Reg N/M actual	Day Non-reg (Care) planned	Day Non-reg (Care) actual	Day Reg NA planned	Day Reg NA actual	Day Non-reg NA planned	Day Non-reg NA actual	Night Reg N/M planned	Night Reg N/M actual	Night Non-reg (Care) planned	Night Non-reg (Care) actual	Night Reg NA planned	Night Reg NA actual	Night Non-reg NA planned	Night Non-reg NA actual	AHP Reg planned	AHP Reg actual	AHP Non-reg planned	AHP Non-reg actual	Cumulative count	CHPPD Reg N/M	CHPPD Non-reg N/M	CHPPD Reg NA	CHPPD Non-reg NA	CHPPD Reg AHP	CHPPD Non-reg AHP	CHPPD Overall	Day fill Reg N/M	Day fill Non-reg (care)	Day fill Reg NA	Day fill Non-reg NA	Night fill Reg N/M	Night fill Non-reg	Night fill Reg NA	Night fill Non-reg NA
Cedar	170 - CARDIOTHORACIC		3255	3097.5	2557.5	2355	0	0	232.5	330	1743.75	1650	1162.5	1396.88	0	0	0	93.75	0	0	0	0	915	5.2	4.1	0.0	0.5	0.0	0.0	9.8	95.2%	92.1%	-	141.9%	94.6%	120.2%	-	-
Elm	170 - CARDIOTHORACIC		4185	3772.5	1395	1282.5	0	0	150	127.5	2615.63	2371.88	871.875	534.375	0	0	0	0	0	0	0	0									90.1%	91.9%	-	85.0%	90.7%	61.3%	-	-
Oak	170 - CARDIOTHORACIC		1395	1350	1395	1230	0	0	465	270	581.25	665.625	581.25	412.5	0	0	290.625	121.875	0	0	0	0	341	5.9	4.8	0.0	1.1	0.0	0.0	11.9	96.8%	88.2%	-	58.1%	114.5%	71.0%	-	41.9%
Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	10942	11115	1627	1582	0	0	0	0	7714	7746	1323	1184	0	0	0	0	0	0	0	0	664	28.4	4.2	0.0	0.0	0.0	0.0	32.6	101.6%	97.2%	-	-	100.4%	89.5%	-	-
HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2325	2062.5	1395	1582.5	300	187	187.5	187.5	871.875	946.875	581.25	487.5	0	0	0	0	0	0	0	0	911	3.3	2.3	0.2	0.2	0.0	0.0	6.0	88.7%	113.4%	62.3%	100.0%	108.6%	83.9%	-	-
Cherry	340 - RESPIRATORY	300 - GENERAL	930	990	465	600	0	0	0	0	581.25	571.88	290.63	282.5	0	0	0	0	0	0	0	0	244	6.4	3.5	0.0	0.0	0.0	0.0	9.9	106.5%	129.0%	-	-	98.4%	90.3%	-	-
Maple	340 - RESPIRATORY	300 - GENERAL	930	1020	465	367.5	180	180	270	270	581.25	581.25	290.63	196.88	0	0	0	0	0	0	0	0	165	9.7	3.4	1.1	1.6	0.0	0.0	15.9	109.7%	79.0%	100.0%	100.0%	100.0%	67.7%	-	-
CCU	320 - CARDIOLOGY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rowan	320 - CARDIOLOGY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-