

**Board of Directors (Public)**

**Item**

**Board report**

**Subject: LHCH Monthly Staffing for Reporting Period for April 2021**

**Date of meeting 11TH June 2021**

**Prepared by: Julie Roy, Divisional Head of Nursing & Quality for Medicine**

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 **Kirsty Dudley, Critical Care Manager,**

**Presented by: Sue Pemberton, Executive Director of Nursing & Operations**

**Purpose of Report for Noting**

|  |  |
| --- | --- |
| **BAF Ref** |  One  |
|  **Impact on BAF** |  None |

**1. Executive Summary**

At Liverpool Heart & Chest Hospital, we aim to provide excellent, efficient safe care for our patients and populations every day and our nursing staffing levels are continually assessed to ensure that we achieve this.

In line with the recommendations detailed in ‘Hard Truths – The Journey to Putting Patients First’ (Department of Health, 2014), LHCH publishes staffing levels on a monthly basis on the Trust’s internet and to UNIFY.

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 purpose of this report is to provide detail of the care hours per patient day (CHPPD) delivered to inpatient areas in LHCH. It will also detail, exceptions to planned staffing levels for the month of April 2021 and the impact on nurse sensitive indicators.

This report details planned and actual nurse staffing levels for the month of April 2021, including any red flag concerns.

The POCCU 3 10 bedded area has remained available for Covid positive patients and has been staffed flexibly by the critical care and ward nursing teams. This area has remained open as required caring for covid positive ward level patients. Due to a reducing number of covid positive patients within the Trust, proposals for the safe care of any further covid positive patients have been approved by Gold Command.

**2. Vacancy Data**

All RN vacancies across the Trust are reviewed regularly by the Director of Nursing with the senior nursing team. The Trust’s Recruitment and Talent Lead within HR continues to work closely with the senior nursing team to ensure oversight of all Trust vacancies and recruitment progress against each. This information continues to be validated by the senior nursing team to ensure accurate vacancy reporting data.

Table 1-Vacancy data April 2021

|  |  |  |
| --- | --- | --- |
| **Unit** | **RN** | **HCA** |
| Acute Cardiac Unit | 12.11 | -0.72 |
| Birch Ward | 8.97 | 0.74 |
| Cath Lab | 0.81 | 0 |
| Cedar Ward | 5.05 | -0.33 |
| Cherry Ward | 0.9 | 0.2 |
| Holly Suite | 1.32 | 0 |
| Maple Suite | 1.95 | 0.2 |
| Oak Ward | 0.73 | 3.15 |
| Outpatients | 0.69 | 0 |
| Rowan Suite | 0.91 | -0.61 |
| SICU Clinical Roster | 13.91 | 1.71 |
| Theatres | 11.7 | 0.05 |
| **Grand Total** | **59.05** | **4.39** |

All RN vacancies within inpatient areas, are now recruited to but with a significant lag until start dates (particularly for students and overseas nurses). Unfortunately, due to the rising covid cases in India, the planned international RNs have been delayed in their travel to the UK and there is currently no confirmed date for their arrival.

**3. Sickness Absence**

During April, several staff who had been shielding, returned to work, however there was a slight increase in the overall Trust sickness rate at 4.31%,

Table 2- sickness absence data

|  |  |  |
| --- | --- | --- |
| **Unit** | **RN WTE** | **HCA WTE** |
| Acute Cardiac Unit | 3.79 | 2.08 |
| Birch Ward | 3.08 | 1.20 |
| Cath Lab | 0.12 | 0.86 |
| Cedar Ward | 2.10 | 2.67 |
| Cherry Ward | 2.29 | 0.15 |
| Holly Suite | 3.17 | 1.02 |
| Maple Suite | 1.66 | 1.29 |
| Oak Ward | 2.62 | 1.00 |
| Outpatients |   |   |
| Rowan Suite | 1.73 | 0.69 |
| SICU Clinical Roster | 14.59 | 2.93 |
| **Theatres** | **1.72** | 0.63 |
|  **Total WTE Unavailable** | **36.85** | **14.51** |

Divisional leads are working closely with HR business partners and managers to review all sickness absence and support returns to work where possible.

**4.Temporary Staffing**

The temporary staffing team are actively recruiting to the LHCH nurse bank in order to support during this time. Minimal agency staffing has been utilised during April 2021.

The Trust continues to support members of staff through the Refugee Support programme with the first staff successfully commenced in post and further interviews planned. The Trust now holds a license for the Shelford Safer Nursing Care Tool and this will be utilised during May to review staffing requirements across all inpatient ward areas. CHPPD data from Model Hospital is also being utilised during this work to benchmark with other organisations.

**5. 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 April 2021:

* There were no red flags on Cedar and Rowan wards. Cross divisional staff movement ensured that all shifts were reported as safe.
* Oak ward reported 4 red flag shifts, and each were reported via datix. No patient safety incidents or harm were reported. Reduction in staffing was due to last minute sickness and was escalated appropriately. A cross divisional review of all staffing was conducted on each occasion to ensure adequate staffing in all areas.
* There were no red flags on ACU, Birch, Cherry and Maple wards in April 2021.
* There was one staffing related incident reported via datix on Birch and one on ACU in April 2021. No patient safety incidents were reported during the shifts and appropriate escalation ensured support was sought from other areas.
* Following the ward reconfigurations, the Acute Cardiac Unit (ACU) continues to have a significant number of RN vacancies. The divisional matron works closely with the ward team to ensure appropriate levels of coronary care trained staff are available for each shift.

**6. Summary**

This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid pandemic which has contributed to increased staffing pressures, experienced across the NHS. As reported by the Institute for Public Policy Research (IPPR, 2021) 29% of nurses and midwives report that they are more likely to leave the sector than 1 year ago, and as such retention of current staff and recruitment of future staff remains a Trust priority.

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 keeping in close contact with the duty on-call manager for the Trust.

**7. 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 has been completed and will be reviewed in 2021.
* Receive assurance that a robust recruitment plan continues, including an overseas recruitment plan.
* Receive assurance that revised models of nursing care, utilising Registered Nursing Associates and apprentices continue to be implemented.
* Receive assurance that alternative temporary staffing options are being explored.
* Receive assurance that staffing escalation plans are in place to be enacted when significant staffing pressures are seen during the covid pandemic.

**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)

**CHPPD for April 2021**

