

**Board of Directors (in Public)**

**Board report**

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

**Date of meeting: 30th November 2021**

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

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**Kirsty Dudley, Critical Care Manager,**

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

**Purpose of Report: To Note**

|  |  |
| --- | --- |
| **BAF Reference** | **Impact on BAF** |
| BAF 1 | No impact. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level of assurance (*please tick one*)**  *To be used when the content of the report provides evidence of assurance* | | | | | |
|  | **Acceptable assurance**  Controls are suitably designed, with evidence of them being consistently applied and effective in practice | ☐ | **Partial assurance**  Controls are still maturing – evidence shows that further action is required to improve their effectiveness | ☐ | **Low assurance**  Evidence indicates poor effectiveness of controls |

**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. 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. Significant effort continues in the recruitment of staff, including successful participation in a Pan-Mersey international recruitment project and further international recruitment through a Cheshire collaborative. Staffing levels are reviewed regularly throughout every day, with senior nurse oversight to ensure safe care is maintained.

**2. Background**

In line with the recommendations detailed in ‘Hard Truths – The Journey to Putting Patients First’ (Department of Health, 2014), LHCH publishes staffing levels monthly 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 October 2021 and the impact on nurse sensitive indicators.

This report details planned and actual nurse staffing levels for the month of October2021, including any red flag concerns.

**3.1. Vacancy Data**

All RN vacancies across the Trust are reviewed regularly by the Director of Nursing with the senior nursing team. A new recruitment lead within HR has been appointed 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. There are currently 40.85 band 5 RN vacancies and 59 band 5 candidates at varying stages of the recruitment process with a further 42 students who qualify in 2022

**Table 1-Vacancy data October 2021 (all bands)**

|  |  |  |
| --- | --- | --- |
|  | **SEPTEMBER** | |
| **Unit** | **RN** | **HCA** |
| Acute Cardiac Unit | 11.22 | -0.72 |
| Birch Ward | 10.77 | 0.74 |
| Cath Lab | 0.81 | 0 |
| Cedar Ward | 5.28 | 0.05 |
| Cherry Ward | 1.9 | 0.2 |
| Holly Suite | 5.03 | 0 |
| Maple Suite | 3.95 | 0.2 |
| Oak Ward | 3.94 | 0.15 |
| Outpatients | 0.69 | 0 |
| Rowan Suite | 3.77 | -0.61 |
| SICU Clinical Roster | 14.63 | 3.43 |
| Theatres | 11.7 | 0.05 |
| **Grand Total** | **77.18** | **3.49** |

The first two cohorts of international RNs (17) have successfully completed their OSCE training and all 17 passed the OSCE exam and are now registered with the NMC. These staff have been moved into band 5 positions, but this is not reflected in the end of month vacancy figures in table 1. Further cohorts have arrived during October 2021 through both the Pan-Mersey collaborative and the Cheshire International Recruitment Collaborative (CIRC), and these nurses are currently undergoing their OSCE training.

Considering the current rate of band 5 turnover and the information regarding recruitment challenges nationally, a proposal for further international recruitment to take place in 2022 has been developed. The Trust is also beginning to model the potential impact of mandatory covid vaccination for all patient facing staff with the risk of further vacancies across clinical areas as a result.

The recruitment team continue to work to process all successful candidates from recent recruitment events and are in the process of planning events for 2022, including engagement with local universities and current students within the Trust.

**3.2 Sickness Absence**

During October 2021, clinical areas continue to experience sickness absence, and this is detailed in the table below.

**Table 2- sickness absence data**

|  |  |  |
| --- | --- | --- |
|  | **OCTOBER 2021** | |
| **Unit** | **RN WTE** | **HCA WTE** |
| Acute Cardiac Unit | **3.67** | 4.15 |
| Birch Ward | **1.25** | 1.92 |
| Cath Lab | **4.08** | 0.21 |
| Cedar Ward | **1.63** | 5.93 |
| Cherry Ward | **0.57** | 0.62 |
| Holly Suite | **1.13** | 0.42 |
| Maple Suite | **0.00** | 0.79 |
| Oak Ward | **0.55** | 2.50 |
| Outpatients |  | 0.97 |
| Rowan Suite | **0.30** | 1.29 |
| SICU Clinical Roster | **12.02** | 1.70 |
| **Theatres** | **6.01** | 1.48 |
| **Total WTE Unavailable** | **31.21** | **21.98** |

There is a Trust focus on sickness absence management with support for staff in terms of wellbeing conversations with line managers and additional provision, to support mental health wellbeing across the Trust. Divisional leads are working closely with HR business partners and managers to review all sickness absence, in particular long term sickness cases and support returns to work where possible. The Trust continues to support covid close contact staff back into work, following a risk assessment and regular testing, although a number of staff have tested covid positive and have been required to isolate, impacting upon staffing levels.

**3.3. Temporary Staffing**

The temporary staffing team are actively recruiting to the LHCH nurse bank to support during this time. Agency staffing has been utilised during October 2021 within critical care and Cath lab recovery when required to cover unfilled vacancies.

**3.4. 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 2021:

* There were no red flags on Cedar, Rowan, and Maple wards. There were 2 staffing related incident reports for Maple during this period. There were no patient safety incidents reported during these shifts and these were due to short notice sickness impacting on the support and cross-cover from Cherry ward. These were escalated appropriately at the time.
* Oak ward reported 1 red flag shift in October. No patient safety incidents or harm were reported, however there was a report that some patient medications were delayed. Advanced Nurse Practitioner support was present on the ward.
* There were no red flags reported on ACU, Birch and Cherry wards in October 2021 and no staffing related incidents were reported via the datix system for these areas.
* Acute Cardiac Unit (ACU has a reducing number of RN vacancies, with several staff being supported through their supernumerary period. The divisional matron works closely with the ward team to ensure appropriate levels of coronary care trained staff are available for each shift, working flexibly across the 2 areas of ACU and POCCU3 (CCU) and working through a staffing plan to enable an increase in beds opened across the 2 areas.
* There is a current pressure within the anaesthetic nursing/ OPD team across both Cath lab and theatres which is being managed utilising temporary staffing, ensuring cross-divisional flexibility and with a longer-term plan to merge the 2 teams being implemented following approval at operational board.

**4. 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.

Recent national press coverage has highlighted a national nursing ‘crisis’, impacted particularly by a significant reduction in recruitment from Europe. LHCH is experiencing significant nurse staffing challenges but has taken robust action to avert a staffing crisis. A successful international recruitment programme is hoped to stabilise the staffing position across the clinical areas. T

Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This has unfortunately resulted in an increasing number of staff moves to manage risk and to provide additional support for areas where acuity of patients is higher, and it is recognised that this is having a negative impact on staff morale at times. 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.

**5. Recommendations**

The Board of Directors are asked 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 is being reviewed in 2021, in accordance with covid recovery and escalation plans.
* Receive assurance that a robust recruitment plan continues, including an extended 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 October 2021**

 