

Board of Directors (in Public)

Item 2.4*

Subject: LHCH Monthly Staffing for Reporting Period for May 2021
Date of meeting: Tuesday 27th July 2021
Prepared by: Julie Roy, Head of Nursing for Medicine
 Fiona Altintas, Head of Nursing for Surgery
 Kirsty Dudley, Critical Care Manager
Presented by: Sue Pemberton, Director of Nursing, Quality & Safety
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	Assurance regarding the management of Trust staffing levels

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	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.

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 May 2021 and the impact on nurse sensitive indicators. This report details planned and actual nurse staffing levels for the month of May 2021, including any red flag concerns.

The POCCU 3 10 bedded area has not been required for Covid positive patients and remained closed during much of May. From 25th May, 9 beds have been utilised for the CCU level patients from ACU. This was planned initially to allow for the UPS enabling works to take place on ACU but whilst longer term plans are formulated for the area, the CCU level patients remain on POCCU3 allowing beds on ACU to be flexed according to demand and staffing levels.

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. (Julie it would be good to include here how many vacancies we have that do not have a name against them)

Table 1-Vacancy data May 2021

Unit	RN	HCA
Acute Cardiac Unit	12.11	-0.72
Birch Ward	8.97	0.74
Cath Lab	0.81	0
Cedar Ward	3.05	-0.33
Cherry Ward	0.9	0.2
Holly Suite	1.32	0
Maple Suite	1.95	0.2
Oak Ward	2.73	0.15
Outpatients	0.69	0
Rowan Suite	3.77	-0.61
SICU Clinical Roster	13.91	1.71
Theatres	11.7	0.05
Grand Total	59.05	1.39

Unfortunately, the planned international RNs have been delayed in their travel to the UK and they are planned to arrive from 28th June onwards. As such, a virtual RN recruitment event has been held in June 2021 along with ongoing HCA recruitment and plans for further HCA apprenticeships.

3. Sickness Absence

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

Table 2- sickness absence data

Unit	RN WTE	HCA WTE
Acute Cardiac Unit	3.51	2.30
Birch Ward	1.42	2.32

Cath Lab	2.73	
Cedar Ward	1.94	1.48
Cherry Ward	2.34	
Holly Suite	1.26	1.02
Maple Suite	2.22	0.68
Oak Ward	2.94	1.66
Outpatients		
Rowan Suite	1.11	0.13
SICU Clinical Roster	11.91	4.07
Theatres	1.76	0.06
Total WTE Unavailable	33.12	13.72

Divisional leads are working closely with HR business partners and managers to review all sickness absence, identify hotspots 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 May 2021 within critical care.

The Trust now holds a license for the Shelford Safer Nursing Care Tool, and this has been utilised during May to collect data from 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 May 2021:

- There were no red flags on Cedar and Rowan wards. There were 3 datix incident reported for Cedar ward with regard to staffing levels during the month of May. The datix incidents were in relation to highlighting the high acuity of patients, specific to one bay where there were patients suffering from confusion and delirium and a high number of specials were required. The acuity of these patients was escalated appropriately and was also raised at the Trusts Safety Huddle. A cross divisional review of all staffing was conducted on each occasion to ensure adequate staffing in all areas.
- Oak ward reported 4 red flag shifts, and 1 of these were reported via datix. No patient safety incidents or harm were reported, however there was a report that some patient medications were delayed. The dependency on the ward was moderate, however several patient moves to accommodate changing patient acuity and surgical activity created additional pressure on the ward. The staffing ratios did not go out of the recognised required staff to patient ratio's, and the staffing and acuity 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, Cherry and Maple wards in May 2021.
- There was one red flag night shift reported for Birch ward which was appropriately reported via datix. No patient safety incidents were reported during the shift and appropriate escalation via the hospital on-call manager took place.
- 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, now working flexibly across the 2 areas of ACU and POCCU3.

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 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 June 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 May 2021

	Care Hours Per Patient Day (CHPPD)								Day				Night			
	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nurses/Midwives	Non-registered Nurses/Midwives	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 Nurses/Midwives (%)	Average fill rate - Non-Registered Nurses/Midwives (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-Registered Nurses/Midwives (%)
	4640	8.6	3.3	0.0	0.3	0.0	0.0	12.2	93%	100%	45%	75%	94%	100%	-	52%
BIRCH	834	3.2	2.5	0.1	0.3	0.0	0.0	6.0	87%	100%	26%	100%	95%	98%	-	-
ELM	543	10.3	3.7	0.0	0.2	0.0	0.0	14.1	85%	98%	-	-	85%	121%	-	-
CHERRY	243	5.2	3.4	0.0	0.0	0.0	0.0	8.6	89%	110%	-	-	82%	100%	-	-
CRITICAL CARE	883	26.6	3.2	0.0	0.0	0.0	0.0	29.7	104%	81%	-	-	100%	79%	-	-
OAK	592	9.5	4.2	0.0	0.0	0.0	0.0	13.7	89%	112%	-	94%	88%	116%	-	-
CEDAR	1020	4.2	3.3	0.0	0.3	0.0	0.0	8.3	88%	102%	-	94%	79%	110%	-	45%
MAPLE	365	9.8	2.3	0.4	0.3	0.0	0.0	6.8	89%	110%	65%	55%	95%	100%	-	-
ROWAN	234	4.7	2.3	0.0	0.1	0.0	0.0	7.7	79%	102%	-	-	79%	74%	-	-